### ANNUAL REPORT



### Putting the Public Health Puzzle Together

The mission of the Board of Health is to promote and protect the health of the public, a job that requires attention to all aspects of personal health and environmental health. The Board of Health provides leadership to the Health Department and to the community through their role in public health policy development. This is accomplished through health promotion, education and regulation, and in assuring responsibility for individual health and the health of the community.

The Board of Health identified five priorities for the Year 2000 and beyond:

- Strengthen public health assessment and epidemiologic analysis
- Assure access to care for those populations with poor health outcomes
- Prevent chronic disease and disabilities for those populations at highest risk
- Protect the public from the health impacts of environmental hazards and exposures (with primary prevention)
- Promote health and safety of families

The Board of Health commends the citizens of Lincoln and Lancaster County for their efforts to make our community the healthiest in the nation. Through our work on public health initiatives like Healthy People 2010, we can put together the public health puzzle. A special thanks to the nearly 100 individuals that gave time and resources to setting measurable health objectives for the Year 2010. Your efforts have made it possible to put the "public" in public health.

Mary Helen Elliott Lincoln-Lancaster

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### ANNUAL REPORT

# 1999 board of health



Mary Helen Elliott
President



Chris Caudill, M.D. Vice-President



Betsy Palmer



Rodrigo Cantarero, PhD



Jim Ganser, DDS



Larry Hudkins



James Hulse, PhD



Cindy Johnson



**Ann Seacrest** 

The nine-member Board of Health is composed of a physician, dentist, county commissioner, city council member and five public spirited individuals. Appointees are approved by the Mayor, City Council and County Board of Commissioners.

Board of Health responsibilities include program direction and policy-making. The Board critically evaluates staff proposals, determines policy implications, makes budget recommendations and supports an exceptionally dedicated staff of public health professionals. Citizens who have questions or concerns are encouraged to call 441-8000 or write to the Health Director or Board of Health Lincoln-Langaster County Health

#### ANNUAL REPORT



Public Health Challenges for the New Millennium

This past year has been a busy one for your community's public health. As you will see from the data and reports on the following pages, we had a banner year - full of activity and accomplishment.

This Annual Report, which chronicles our Department's achievements and services for the past year, illustrates the myriad of programs and initiatives that our community shares with its government. As we begin to close the century and prepare for the new millennium, it is a particularly good time to pause and reflect on our achievements and needs in public health.

Last year's Healthy People 2000 Report Card helped us to focus on the successes we have made to date as well as to contemplate some unfinished items remaining on the public health agenda. Working in partnership with local agencies, the Lincoln-Lancaster County Health Department helped move our community towards a healthier home for our citizenry.

It is therefore with much appreciation for past accomplishments and with eager optimism towards our future public health that we look forward to the new decade. With the Year 2000, we envision great promise and excitement. This new beginning dovetails nicely with the release of the Healthy People 2010: Community Health Objectives.

We are challenged to do more!
We are challenged to work harder!
We are challenged to make our community the healthiest in the nation by reaching the 2010 Objectives.

Leon F. Vinci, MPH

## Lincoln-Lancaster County Health Department Staff



# dental health



# ORAL HEALTH IS A QUALITY-OF-LIFE ISSUE

Good management of a child's dental health is a marker for good management of the child's overall health. Having high self-esteem, the ability to eat and speak comfortably and a pleasant smile all depend on good oral health care.

# WHAT ARE THE HIDDEN FACTS?

Dental decay is the most common infectious disease of U.S. children. More than half of all children ages 6 through 8 and two-thirds of all 15-year-old adolescents continue to experience dental decay.

Eighty percent of the dental caries found in children are concentrated in 25 percent of children ages 5 through 17. Higher disease levels are generally found among racial and ethnic minority groups, children from low-income families and children whose parents have less than a high school education.

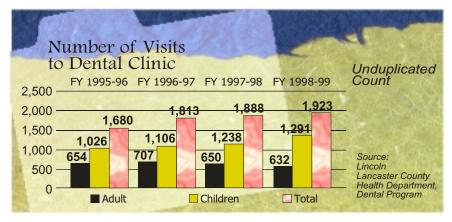
Nearly one-third of the cavities in children ages 6 through 8 have not been repaired.

## REDUCING HEALTH DISPARITIES:

In working toward reducing unmet needs and disparities in oral health care, the Dental Division provided 5,126 clinical visits to 1,923 clients. Of these clients served, 1,291 were children of lowincome families and 747 clients of racial and ethnic minorities.

Accomplishments of the program include 4,540 children screened, 2,003 children referred and 240 children identified as needing priority dental care.

To address the needs of children, the Dental Clinic provided school visits using the mobile health clinic and transportation to



## OUTREACH TO CHILDREN THROUGH SCHOOLS:

Individuals with the highest prevalence of oral disease often have the most difficulty gaining access to the dental care system.

Access for children to dental health care is accomplished by the Dental Health Division through our school systems. In partnership with the Lincoln Public Schools, the Dental Division coordinates a school-based dental screening and referral program. The program utilizes dentists from the community and targets children that have not seen a dentist in the past 12 months.

the dental clinic for children from Elliott, McPhee, Everett, Prescott and Calvert schools. The mobile health clinic also made site visits to St. Mary's School, the Salvation Army, the Malone Center and the Northeast Family Resource Center targeting high-risk children. Nearly 170 dental visits or appointments were provided to address the needs of these children.



In cooperation with the Lincoln Action Program and Lincoln Public Schools, the Dental Division provided in-kind services to 42 high-risk children from the Headstart program. The monetary equivalent of our dental services is used as "match" for Headstart federal funding.

Fluoride has long been recognized as the most reliable and cost-effective method to prevent tooth decay. The Dental Division has worked with rural schools and parent organizations to implement a school-based fluoride rinse program targeting children in kindergarten through the sixth grade living in areas with fluoride deficient drinking water. Children rinsing once a week with a .2 percent concentrate fluoride solution have a 20 to 50 percent reduction in the incidence of tooth decay. Nine rural schools participated and nearly 700 children were reached.

To increase the awareness of the importance of dental health and early detection of dental disease, the Dental Health Division offers presentations on dental health topics that include oral hygiene, smokeless tobacco, nutrition and oral pathology. The Dental Division gave 35 presentations to 2,816 children and adults.



# OUTREACH OF ADULTS THROUGH COMMUNITY BASED INITIATIVES:

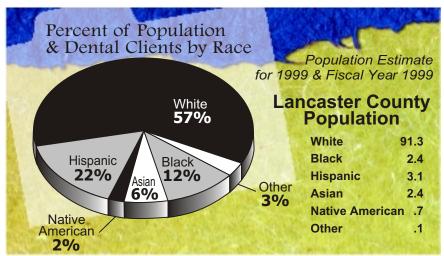
Gingivitis and periodontal disease affect nearly half of all employed Americans between ages 18 and 64 and more than 50 percent of older adults between ages 65 and 74.

While more than 43 million Americans lack medical insurance, there are over 150 million Americans with limited or no dental insurance. Lack of dental insurance affects dental utilization and oral health status. Forty-eight percent of people without private dental insurance did not have a dental visit in the last year, compared to 28 percent with insurance.

Twenty-seven percent of persons over 65 without dental insurance had no teeth at all, compared to 18.3 percent with dental insurance.

Compared to the general population, fewer members of

Social Services and the General Assistance Program, these clients received dental services free or at a reduced cost. The mobile health clinic was used at several sites (Malone Center, Salvation Army, People's City Mission) to reach underserved high-risk population groups and neighborhoods. The services provided through this collaboration maximize resources, minimize costs to the county and provide clients with the basic needs that help promote employability.



racial and ethnic minority groups and fewer poor adults have seen a dentist in the last year.

To facilitate access to care for low-income adults, racial and ethnic minority groups and the elderly, the Dental Division provided screenings and referral to 324 clients. Through cooperation with the UNMC College of Dentistry, the Department of



# health promotion & outreach



Anh Tran, a Vietnamese outreach worker for the Lincoln-Lancaster County Health Department's Healthy Homes program, listens as Hao Ngo, mother of 22-month-old Dominic and newborn Hannah, explains her concerns about her children's health.

#### HEALTHY HOMES, HEALTHY CHILDREN, HEALTHY FAMILIES

Four Community Outreach Specialists are trained as childbirth educators and doulas. Each outreach worker handles a caseload of about 30 families. In the past year, 230 babies with their moms and families have been served by the Healthy Homes Program, which assisted in connecting them to medical, health and numerous community services.

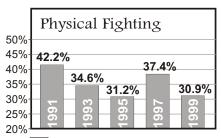
Over 180 clients have been able to participate in 1999 in our Teddy Bear Cottage program, in which participants accumulate points for healthy behaviors and exchange these for needed children's clothing and baby items. Lincoln Kiwanis Clubs have volunteered over 200 hours in the past year to staff the Cottage.

To promote culturally competent services, 52 conferences on culture, health, human relations and diversity reached over 1,700 participants from September 1, 1999 to August 31, 1999.

"Knowing the health status and health behaviors of our youth requires sound epidemiological practices. One important way we measure the health behaviors of our youth is through the Youth Risk Behavioral Survey."

Steve Beal

The 5th Youth Risk Behavioral Survey (YRBS) was completed in May 1999. The



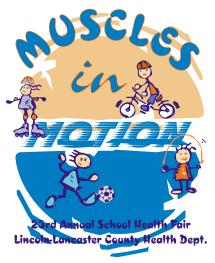
Being involved in a physical fight within the past 12 months

Source: Lincoln-Lancaster County Health Department Youth Risk Behavioral Survey

Department has surveyed youth risk behaviors biannually since 1991. Questions developed by the Centers for Disease Control and Prevention assess youth behaviors in areas of tobacco use, violence, alcohol and drug use, sexual behaviors, suicide, nutrition and physical activity.

# PREVENTION IS THE KEY TO ASSURING HEALTHY CHILDREN AND FAMILIES

"Muscles in Motion" was the theme for the 1999 School Health Fair attended by over 1000 students from 21 Lincoln and Lancaster County elementary and middle schools. The 23rd Annual School Health Fair Awards Banquet was held in May. Board of Health President Mary Helen Elliott and County Commissioner on the Board of Health Larry Hudkins were special guests and presented the awards. Rick Rodenburg, owner of Bike Pedalers, co-owner of Walton Trail Company and former assistant coach of the



University of Nebraska Swim
Team, challenged the banquet
attendees to lifelong physical
activity. This year's fair was made
possible through financial support
from Bryan/LGH Medical Center,
Pfizer Inc., Novartis Inc.,
Valentino's, Centurion
International, Rose Equipment,
Aliant, Archer Daniel Midlands Co.,
Woodmen Accident and Life Co.,
and Cornhusker Bank.

The Summer Food Program was offered for the 19th year as an extension of the USDA School Lunch Program. An average of 490 free meals were served daily at 26 neighborhood sites from June through August to children and youth, ages 3-18. Free breakfasts were served at the "F" Street Recreation Center, Hispanic Community Center, Family Services at Saratoga Elementary, Lincoln Action Program at 2601 "P", Irving Middle School and Salvation Army

on North 27th. Site managers at the cooperating churches, recreation centers, schools, community centers, parks and businesses distributed 26,200 meals. LLCHD contracts with the Child Nutrition Division of the Nebraska Department of Education to operate the program.

"On arriving in Lincoln from a refugee camp in Syria, I was glad to find a program to screen my children for lead poisoning. I have peace of mind



knowing that steps are being taken to reduce their blood lead levels and return them to a healthy childhood."

#### **Khansa Khalaf**

The Childhood Lead
Poisoning Prevention Program
(CLPPP) received grant funding
from the Centers for Disease
Control and Prevention through
the Nebraska Health and Human
Services System. During the first
three years of funding, 4,447
children ages six months to six

years were screened for elevated blood lead levels. The Health Department offers screenings to high-risk children living in pre-1978 homes through Well Child Clinics, Immunizations, Women-Infant and Child (WIC), Dental Health and walk-ins. Additionally, screening sites are arranged through cooperation with Family Services WIC programs, Head Start Programs, child care facilities, community events, neighborhoods and churches.



## YOUTH VIOLENCE PREVENTION

The support and commitment of the community to pro-actively address violence involving youth is proving to be a wise and beneficial investment.

Below is a comparison of 1997 and 1999 Youth Risk Behavior Survey violence-related data:

The percentage of high school students who reported both carrying a weapon in the past 30 days and being involved in a physical fight during the past 12 months decreased from 71% in 1997 to 68.2% in 1999.

The percentage of high school students who report both being involved in a physical fight during the last 12 months and consuming five or more drinks in a row decreased from 54% in 1997 to 43% in 1999.

The percentage of students who reported both using marijuana in the past 30 days and also seriously considering suicide during the past 12 months decreased from 40% in 1997 to 26% in 1999.

With the support of the AmeriCorps\*VISTA members and organizations and agencies including the Nebraska Office of the Corporation for National and Community Service, the "F" Street



Recreation Center, Heartland Big Brothers Big Sisters and Lighthouse over 1,900 youth participated in 22 Safe Nights last year. Safe Nights provide a supervised environment for youth to gather and participate in recreational activities including carnival games, swimming, basketball, volleyball and much more. A core component of each Night USA event held at State Fair Park. Twenty-two local youth service agencies were instrumental in planning this entertaining and educational youth violence prevention event.

#### Injury Prevention And Traffic Safety

National and local attention has effectively increased public awareness of the potential dangers resulting from unrestrained or improperly restrained child passengers. Local Injury Surveillance System data reveal that motor vehicle-related injury is the leading cause of unintentional death among Lancaster county residents, ages 1 through 29 years. The Health Department and the Lincoln-



Safe Night is a "teachable moment" when youth are engaged in a non-violent conflict resolution exercise.

On June 5, over 200 youth attended the community-wide Safe

Lancaster County Safe Communities/SAFE KIDS Coalition took the lead in assuring this critical child safety concern was effectively addressed in our community. Health officials inspected 269 child safety seats for proper installation and use during the past



year at locations including Wal-Mart, State Farm, Building Blocks Child Care Center, Du Teau Chevrolet, Doctors of Children Pediatrics Clinic and the Lincoln-Lancaster County Health Department. Of those, 256 (95%) were improperly installed or used.

Eight local child safety advocates received certification as Child Passenger Safety Technicians after successful completion of a four-day hands-on training session.

Twenty crawling infants participated in the Third Annual Diaper Derby in conjunction with National Child Passenger Safety Awareness Week held at East Park Plaza Mall.

Eleven child passenger safety presentations and in-service training were provided to 170 clients and staff of the Lincoln Medical Education Foundation Employment First Program, Saint Elizabeth's Halo Program (Child Care Providers), First Plymouth Mothers Group, Early Head Start and State Farm's First Time Moms Club.

The Lincoln-Lancaster County Safe Communities/SAFE KIDS Coalition and the Lincoln Foster Grandparent Program teamed up during National SAFE KIDS Week to conduct interactive injury prevention education using the Safety at Grandma's House game. Twelve presentations engaging about 700 students in identifying injury hazards in "Grandma's House" were conducted at six schools during this designated safety week.

Partnerships with the Kiwanis Clubs of Lincoln and Lincoln Public Schools enabled the Safe Communities/SAFE KIDS Coalition to reach over 2,000 children with bicycle safety education, and sell over 500 low-cost bike helmets at 24 bicycle safety rodeos. Over 200 helmets were sold to member companies of WorkWell, Inc. and Family Care Solutions. Another 200



helmets were sold at community health fairs, church-sponsored events and at the Lincoln-Lancaster County Health Department.

## YOUTH DRIVER TRAINING PROGRAM:

Nationally and locally, motor vehicle crashes continue to be the leading cause of death for young drivers. Through the volunteer efforts of Lincoln-Lancaster County Safe Communities/SAFE KIDS Coalition, a Youth Driver Training Program was developed to address four priority safety issues in Lancaster County: youth driving, seat belt use, impaired driving and speed-related crashes.

Two hundred fifty copies of the Youth Driver Training workbook, containing a comprehensive driving log, were printed and distributed. Six eighthour sessions (held in four twohour segments) were scheduled to meet overwhelming demand. Seven Lincoln-Lancaster County Safe Communities/SAFE KIDS Coalition members volunteered to present for a part of the eight-hour sessions which consisted of a fast paced variety of presentations, videos, group discussions and demonstrations.

Registrations for 1999 included 13 rural school students, 18 parochial school students, 55 Lincoln Public School students, one



home-schooled student and five students from other school districts including Ralston, Omaha, Plattsmouth and Wilber. An average of 25 teens and parents attended each session.

The wrecked car display and "Buckle Up/Don't Drink and Drive" sign was used at six high schools throughout the year as well as the Lancaster County Fair.

Southeast students conducted an intensive seat belt campaign making daily announcements using statistics and information. Based on preand post- observational surveys, use for males increased from 65 to 79% and females from 79 to 87%.

Seven observational seat belt surveys were conducted in 1998/99. Use in areas other than southeast ranged from 59% to 83.9%.

Buckle Bear was checked out nine times throughout the year for schools or health fairs, and informational brochures on seat



belts were distributed to these and an additional five schools/daycares and eight larger health fairs.

Traffic safety and injury prevention staff attended a Child Safety Seat Technician training April 12 to 16 in Lincoln. Staff checked an average of five to ten child safety seats each month for "walk-ins" or for the child safety seat loaner program.

Currently, the child safety seat loaner program has a total inventory of 124 seats, including 32 which were donated by a Lincoln Optimists Club in April.

Coalition members organized three child safety seat checkup events at Goodyear and State Farm, checking 78 seats. Members participated in two additional events in conjunction with the April training where over 200 seats were checked.

Presentations on child safety seats were given to 40 daycare providers at St. Elizabeth's, 20 parents at First Plymouth Church and nine mothers-to-be at State Farm.

The Lincoln-Lancaster
County Safe Communities
Resource Guide printed in
September 1998 and sent to
nearly 1,000 daycares, rec centers
and other local organizations, was
mentioned in the national Safe
Communities Bulletin. Requests
were received from 14 out-ofstate agencies for copies and
assistance in creating their own



local guides. An additional 200 copies were distributed locally through Lincoln Public Schools, Lancaster County rural school nurses and the Lincoln Police Department.

About 5,000 pedestrian/Halloween safety tip flyers with 6,000 glow sticks were distributed by Safe Communities Coalition members to children in two nights for a "See and Be Seen" safety campaign in October 1998. This event was repeated a second year with the joint Coalition in 1999.

Individual seatbelt/eggmobile presentations were made to six

daycare or school classes totaling about 150 children.

About 500 eggmobile presentations were given at eight health fairs to an estimated total of 5,000 children and adults.

The LLCHD was one of five cities nationwide awarded grant funding from NACCHO for a sixmonth pedestrian safety project targeting Lincoln's rapidly growing minority community. Staff is working with three local schools to produce a bi-lingual pedestrian safety video based on behaviors witnessed in observational surveys done at five schools.

Coalition members worked together to sponsor and facilitate a Pedestrian Safety Road Show for 44 individuals representing community groups, neighborhood associations, the disabled community and federal, state and local government officials. Two follow-up meetings were held with the visually impaired and handicapped community and city engineers to attempt to resolve safety problems.

A group called the School Traffic Education and Enforcement Program formed to address school related pedestrian safety issues.

Members organized and facilitated two radar training sessions for 18 individuals representing neighborhood and school groups.

HEALTHY
HOMES

PROMOTING
THE HEALTH
OF PEOPLE OF ALL CULTURES,

OF PEOPLE OF ALL CULTUR A PROGRAM SERVING PREGNANT WOMEN, NEWBORNS AND INFANTS.

21% of Healthy Homes mothers are teen-agers.

49% of clients require translation services regularly.

67% of Healthy Homes mothers and babies received assistance with medical transportation.

96% of clients enrolled in WIC.

95% of all Healthy Homes families are part of a joint case management plan.

Nearly 80% of all Healthy Homes women receive prenatal care as determined by the physician.



# REDUCING HEALTH DISPARITIES AND PROMOTING THE HEALTH OF ALL CULTURES

Neighborhood outreach, cultural competence and community partnerships continue to be the cornerstones of the Healthy Homes Program.

Prevention and treatment services contribute to the self-sufficiency of families of all cultures.

#### **MOBILE HEALTH CLINIC**

The Mobile Health Clinic has become widely recognized throughout the community. Purchased by the Public Health Foundation with contributions from the community, this versatile vehicle is equipped to provide dental, medical and health education services to the high-risk and under-served populations of Lincoln and Lancaster County. In the past year, LLCHD, in cooperation with the Lincoln Public Schools and the UNMC College of Dentistry, has used the clinic to provide school-site dental services to hundreds of at-risk children. This collaborative school-site dental screening and treatment program was nationally recognized by both the Association of State and Territorial Health Officers and by the National Association of City County Health Officials.

Through the mobile health clinic, testing is done for diabetes, high blood pressure and elevated



cholesterol. The clinic has also established regular hours of health services at the Malone Community Center, West Lincoln Family Resource Center, the Gathering Place, Centerpointe and a WIC site in Northeast Lincoln. In addition, the mobile clinic has been used at the Indian Center, the Malone Center, the Willard Community Center, Salvation Army, Northeast Family Resource Center and St. Mary's School to provide such services as testing for lead poisoning, screening for prostate cancer, STD and HIV testing and health education. In the past year, more than 1,100 children and adults, who otherwise may have difficulty accessing needed health care, have received services through the mobile health clinic.

#### **WORKWELL, INC.**

WorkWell continues to lead Lincoln towards the prestigious



Well City designation awarded through the Wellness Councils of America. To become a Well City, 20 percent of Lincoln's more than 140,000 employees must work for companies that have completed the comprehensive process of becoming a Well Workplace. This cost-effective process helps companies accurately determine and address the specific health needs of employees and their families. To date, 14 of Lincoln's companies have become Well Workplaces, while another 13 are working toward the award bringing an enhanced level of worksite wellness to 17,000 employees.

Recognizing the need for staff be as healthy as possible and to actively model good health behaviors, the ten Lincoln schools participating in the Comprehensive School Health Initiative have become members of WorkWell. These include Roper, Fredstrom, McPhee, Riley, Sheridan, Prescott, Calvert, Elliott, Pershing and Bryan Community School.

"Wellness kits" containing information on chronic disease prevention and treatment are provided to all WorkWell companies for distribution to employees.

Staff provided testing and information on prevention and treatment of chronic diseases to the Bryan Kids Fair, Kawasaki Employee Health Fair, Lincoln Christian School Health Fair and the Centurion Employee Health Fair.

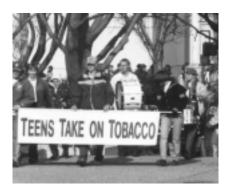
#### **EVERY WOMAN MATTERS**

"Every Woman Matters," a breast and cervical cancer detection program with a focus on uninsured or underinsured women ages 50 to 64, used African American, Hispanic, Vietnamese, and Caucasian outreach workers



to aggressively promote the program to those in most need of the services. Businesses in the target area have been gracious in allowing the EWM staff to promote the program to their customers. Many enrollments have been made at business sites including Wagey Drug, Laundry Land, Arapahoe Village, Walgreens and Super Saver. Other regular sites for promotion of the program include the City Mission, Day Watch, Food Share sites, Salvation Army,

Goodwill, Good Neighbor Center, the ethnic community centers and through the mobile health clinic. EWM staff are also active participants in Lincoln's Breast Cancer Coalition, raising community awareness of the disease particularly during Breast Cancer Awareness Month and Pink Ribbon Week. The benefit of early detection of cancer is immeasurable as it is the key to survival. Among women whose cancer has not spread beyond the breast at the time of diagnosis, their five-year survival rate is 97%. From an economic standpoint, an early detected breast cancer costs about \$12,000, while a late detected breast cancer can cost more than \$145,000.



## TOBACCO PREVENTION AND CONTROL

Tobacco use is the number one preventable cause of death and illness in the United States. Not only is it the greatest health problem facing our state, it also

# We're Celebrating Smoke Free Dining Day!



drains hundreds of millions of dollars annually from Nebraska's economy. With use of tobacco beginning typically by age 12, and with 38% of Lincoln's 9th-through 12th-grade youth using tobacco in the last 30 days (39% statewide), smoking/chewing is aptly labeled a "pediatric" disease. LLCHD and the Tobacco Free Lincoln Coalition are working aggressively with others in the community to reverse the trend in youth tobacco use. Goals are tobacco prevention and education, tobacco cessation and smoke-free environments.

#### Accomplishments:

became actively involved in state legislation related to tobacco co-coordinated a tobacco youth rally that included more than 400 high school students from Lincoln and throughout the state; the students learned about tobacco issues and discussed tobacco legislation with their senators

sponsored a Smoke-free Dining Day in which 25 "smoking" restaurants went smoke-free for the day

surveyed restaurants in Lincoln, and found more than 50% to be smoke-free

presented the tobacco prevention message to hundreds of public school students

co-sponsored with Glaxo-Wellcome an "Addiction of Tobacco" presentation to area physicians

completed two Operation Storefront assessments of 45 tobacco retail establishments

provided presentations on the hazards of environmental tobacco smoke to numerous civic, child-care and parent groups

worked with the American Cancer Society to place counter-advertising billboards in the city

served as a tobacco and the public

met with leaders in the African American community to raise awareness of the growing problem of tobacco use among its youth

worked closely with the media to raise public awareness of the problem of youth tobacco use and the hazards of Environmental Tobacco Smoke; an entire section of the Lincoln Journal Star was devoted to these issues

Graduate students from the **UNL Dietetics Program** provided a six-week series on cardiovascular health to residents of the Malone Manor and Union Manor

Staff sponsored healthrelated activities for National Public Health Week



#### INFORMATION & REFERRAL

The United Way of Lincoln prevention resource to schools and Lancaster County and the City of Lincoln Urban Development
Department collaboratively
provided a \$31,500 grant for the
IRis Pilot Project. Five pilot sites
were selected to participate
including Cedars, CenterPointe,
Cornhusker Place, Hispanic
Community Center and People's
City Mission. Each site received
the IRis software license, the
LLCHD IRis database, and training
and technical support provided by
LLCHD staff.

The IRis database of over 835 health and human resources maintained by LLCHD staff has been installed at the Lincoln Area Agency on Aging and Lincoln Action Program. Staff access the database in multiple sites to provide referrals for clients.

The IRis Directory on Disk has been installed at United Way of Lincoln and Lancaster County, Lincoln Action Program and People's City Mission. The Directory on Disk allows the user access to the LLCHD IRis database for referrals.

Twenty-five thousand copies of 1999/2000 "Community Connections," a guide to resources for families, were produced and distributed throughout Lincoln and Lancaster County. BryanLGH Medical Center and Saint Elizabeth Regional Medical Center each provided \$2500 to offset printing costs.

Collaboration with the Human Services Federation resulted in the production of the 1999 Human Services Directory (Blue Pages) of the Aliant Communications phone book.

Over 200 hours of staff support were provided for the Human Services Federation Information and Referral Committee. The Human Services Federation provides partial financial reimbursement for support services.

# GRANTS/AWARDS, 1998-99 Childhood Lead Poisoning Prevention

Centers for
Disease Control
and Prevention \$152,521
EPA \$ 60,000

#### Cardiovascular

Risk Reduction \$ 30,900

Nebraska Department of Health & Human Services

#### **Tobacco Prevention**

**Education** \$ 44,800 Nebraska Department of

#### **Every Woman Matters**

\$ 45,176

Nebraska Departmet of Health & Human Services

Health & Human Services

#### **Traffic Safety Education**

\$ 50,000

Nebraska Office of Highway Safety

AmeriCorps Vista \$ 72,477

Corporation for National Service

#### **Summer Food Program**

\$ 50,708

United Department of Agriculture (includes reimbursement for meals)

#### Injury

#### **Prevention/Surveillance**

\$ 8,381

Nebraska Department of Health & Human Services

#### **Pedestrian Safety**

**Program** \$ 12,000

#### **School Health Fair**

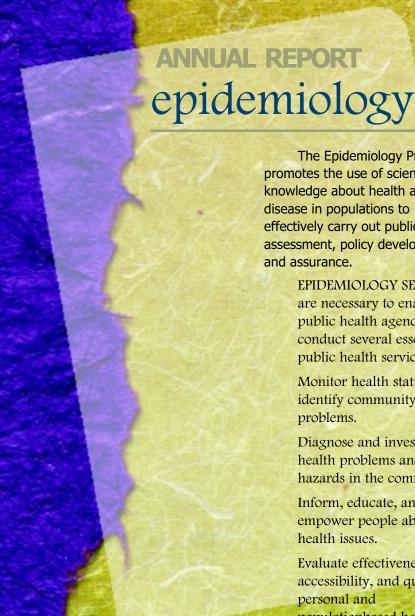
\$ 1,200

**Community Donations** 

#### **Tobacco Free Lincoln**

**Coalition** \$ 5,435

**IRis** \$ 30,780



The Epidemiology Program promotes the use of scientific knowledge about health and disease in populations to effectively carry out public health assessment, policy development

> EPIDEMIOLOGY SERVICES are necessary to enable public health agencies to conduct several essential public health services:

Monitor health status to identify community health

Diagnose and investigate health problems and health hazards in the community.

Inform, educate, and empower people about

Evaluate effectiveness, accessibility, and quality of populationbased health services.

Research for new insights and innovative solutions to health problems

National Healthy People 2010 Objectives, Draft for Public Comment

Epidemiology is the science of public health. Public health assessment and epidemiological analysis are the cornerstones of public health action and decision making.

LLCHD and the Lincoln-Lancaster County Board of Health have long believed in the epidemiological function as a necessary foundation for core public health functions. The Epidemiology Program leads and supports LLCHD in developing assessment tools and applying epidemiological analysis to public health prevention, protection and health promotion efforts.

Program planning, management and evaluation activities are dependent upon public health surveillance and data systems. These systems require epidemiological capacity for data collection, analysis, interpretation and dissemination. Epidemiology services are also essential for response to communicable disease outbreaks, environmental emergencies and reported clusters of disease. Finally, epidemiological capacity is crucial to the public health role in community health planning and policy development.

#### **ASSESSMENT**

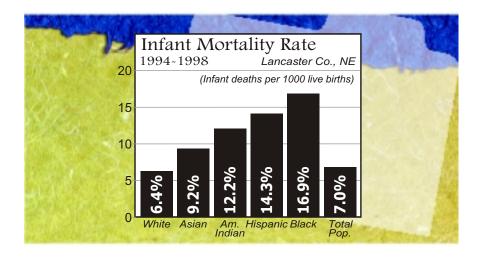
The Epidemiology Program implements core community health assessment activities. These include analysis and

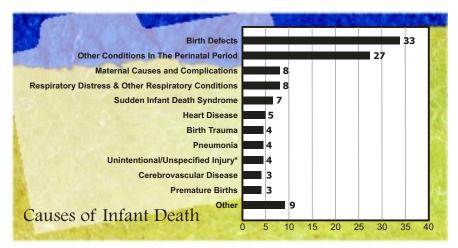
monitoring of community health indicators; investigation of community health needs and determinants of community health; development of community assessment tools; research on national and state trends; application of appropriate research and statistical methodologies; and interpretation and dissemination of community health assessment information through published reports and other means.

#### PUBLIC HEALTH DATA RESOURCE

The Epidemiology Program is instrumental in providing relevant public health data and epidemiologic information to individuals and organizations throughout the community. This information is used for community needs assessment, policy development, health promotion and public education, evaluation and improvement of services and research purposes.

Every year, epidemiological information and assistance is provided to hundreds to interested citizens, community agencies, health professionals, students, businesses, schools, human service providers, researchers and elected officials, including the Board of Health, City Council, Mayor's Office, County Board of Commissioners and the Nebraska Legislature.





The Epidemiology Program is the locus of public health data capacity. Staff collect and manage a wide array of public health datasets in electronic form so that the analysis can be applied to the surveillance and study of public health problems. This data includes population health datasets, health care-based data, public health program data, outbreak and health event

surveillance data, environmental risk data, demographics and other community information.

Management of this public health data resource involves equal attention to new data acquisition, maintenance of existing data archives and planning for future data collection and analysis.

#### MAJOR PUBLIC HEALTH SURVEILLANCE DATA SYSTEMS

- Vital Statistics (Births, Deaths, Marriages/Divorces):
   Since 1987, annual
- Cancer Incidence: since 1987, annual
- Adult Behavioral Risk Factor Survey: since 1989, biannual
- Youth Risk Behavior Survey: since 1991, biannual
- Injury Surveillance (E-coded emergency care data): Since 1992, annual
- Minority Behavioral Risk
   Factor Survey: 1994, 1999
- Sexually TransmittedDiseases: since 1985, annual
- Acute Care (inpatient hospital discharges): since 1995, annual
- Annual Demographic Estimates for Health Assessment
- Environmental Health Hazard
   Databases
- Other GeographicInformation Systems basedDatasets

# KEY COMMUNITY HEALTH REPORTS AND ASSESSMENT PROJECTS

- Healthy People 2010
- Healthy People 2000 Report Card
- Public Health Data Interactive Website Development

- Hospital Discharge Data: A New Public Health Data Resource
- Race/Ethnicity Trends in Lancaster County
- Youth and Motor Vehicle Safety
- 1999 Behavioral Risk Factor Survey
- 1999 Youth Risk Behavior Survey
- 1998 Vital Statistics
- Infant Care Community Needs Report
- Leading Causes of Injury,
   Death and Hospital Care
   Among Infants and Young
   Children
- Information and Technology
   Needs Among Human
   Service Agencies
- Wellness and Health
   Behaviors Among a Sample
   of Public Employees
- Follow Up Survey on Barking Dog Complaints
- Maternal and Infant Health Progress Review
- Numerous Assessment Projects Employing Geographic
- Information SystemsTechniques and Data
- Sexual Activity, Births, and STDs Among Teens
- Child Abuse/Neglect Data Assessment
- Community Health Status and Surveillance in Lancaster County

- Community Assessment Data for Mobile Health Clinic Planning
- Injury Incidence Analyses
- Demographic Estimates for Public Health Assessment

#### MINORITY HEALTH SURVEY 1999

- Second effort to broadly survey the health status of local minority populations in this decade.
- Topic Areas Covered:
- General health status
- Health insurance coverage
- Access to and use of health and dental care
- Injury prevention
- Exercise
- Tobacco and alcohol use
- Women's health screening
- Prenatal care
- Child injury prevention, supervision, lead screening, dental care and vaccinations
- Beliefs about HIV/AIDS
- Chronic disease risk factors and screening
- Beliefs about critical community problems

# POLICY DEVELOPMENT AND COMMUNITY PLANNING

The Epidemiology Program supports policy development by providing an epidemiological perspective to decision making processes, promoting effective utilization of public health data and facilitating public health strategic planning and community

processes, promoting effective utilization of public health data, and facilitating public health strategic planning and community health initiatives.

The Epidemiology Program works in partnership with all department programs, the Board of Health and other community entities to support effective policy development and community health planning. Epidemiology staff strive to assure that epidemiological issues and data on community health and program effectiveness are utilized in departmental planning and policy development. Staff also play a role in community health planning and coalition building by facilitating or participating in collaborative community initiatives to address health and human services planning, assessment and system development.

#### **Healthy People 2010**

A process conducted during 1999 to set objectives for community health improvement by the year 2010.

Covers 21 topic areas in all major realms of public health, personal health status, behavioral health, environmental health, prevention and public health protection

- Conducted through work groups composed of key community stakeholders for each topic area, with assistance from community focus groups, surveys, and other data collection focus groups, surveys and other data collection
- Selected key public health issues in the community under each topic area
- Selected indicators to measure the status of these key public health issues and their progress over the decade
- Selected specific Year 2010
   Objectives for improvement on key indicators
- Developed White Papers for each topic area, which define key issues, problems, priorities, contexts, key data and indicators, progress needed, health disparities, recommendations and community infrastructure that will be necessary to achieve progress

# SELECTED POLICY DEVELOPMENT & COMMUNITY PLANNING WORK

Healthy People 2010

Governor's Blue Ribbon Panel on Infant Mortality

Epidemiological Support/Consultation to Policy Development and Communication (all divisions)

Community Health Endowment Board: Data Provision/Testimony Minority Health Initiatives Planning and Grantseeking

City Match Data Use Institute
Team

Departmental Planning and Budget Processes

Orientation of Community Leaders to Community Health Status and Assessment Issues

Public Health Legislation: Research and Testimony

Response to Policy Maker Requests for Epidemiologic Data

"Outcomes Toolkit" Community Planning Software Testing and Evaluation

#### **PROGRAM ASSESSMENT**

The Epidemiology Program provides analytical support to programs throughout the department, helping them to conduct needs assessments, develop program surveillance strategies, design program databases and evaluation instruments, analyze program data and evaluate and report program results. Epidemiology staff promote the use of program data in policy development and public reporting and help programs use epidemiologic approaches and assessment data to support program activities.

## SELECTED PROGRAM ASSESSMENT PROJECTS

Healthy People 2010 Indicators and Data

Mobile Health Clinic Needs Data/Surveys

Immunization Program Needs Assessment

Home and Community-Based Nursing Needs Assessment

Barking Dogs Needs Assessment/Survey

**Infant Care Openings Survey** 

Infant Care Provider and Parent Survey Reports

Healthy Homes Data Analysis and Reporting

Take the Challenge Physical Activity Promotion Evaluation

High Risk Program Annual Reporting

High Risk Program Needs Assessment

Restaurant Tobacco Policies Survey

Animal Control Dispatch Planning

WIC Program Client and Needs Data

Mobile Health Clinic Planning Data

Mobile Health Clinic Needs Assessment Survey

Childhood Lead Poisoning Surveillance

Family Care Solutions/CDV Reporting

Consultation on surveys development, community assessment data (all programs and divisions)



# GEOGRAPHIC INFORMATION SYSTEMS

Geographic Information Systems (GIS) is rapidly becoming an important assessment tool in the public health field. GIS is computer and allied technology that allows one to analyze public health data on a geographic dimension. GIS helps to clarify and emphasize spatial patterns in community health, quickly retrieve data relevant to a geographical area, display many layers and types of community information in the same space and model the behavior of disease and environmental events.

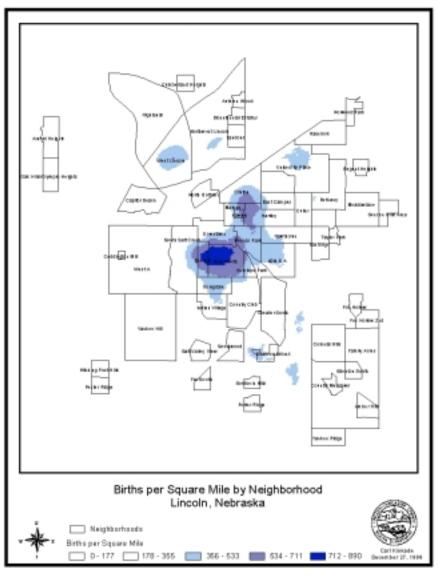
LLCHD has been nationally recognized for its work on GIS applications in public health at the local level. LLCHD efforts to develop GIS technology and staff

have enhanced agency capacity for assessment, resource allocation, program planning and evaluation, health communication and education and policy development. GIS was applied to a wide variety of projects during the past year:

# GIS COMMUNITY AND PROGRAM ASSESSMENT PROJECTS

Key Geographic Public Health Indicators

**Demographic Mapping** 



Mobile Health Clinic Planning	
Data/Surveys	

Geographic Characteristics of Births

WIC Program: Client and Needs Data

High Risk Program Planning and Evaluation

Childhood Lead Poisoning Screening Data

Child Care Needs and Program Data Mapping

Animal Control Dispatch Planning, Barking Dog Complaints Documentation and Community Data

Street mapping (various program needs)

Digital photo mapping

Vulnerable Populations and Community Sites Databases

Environmental Health Risk Survey Data

Tier II (Hazardous Chemical Storage Sites)

Leaking Underground Storage Tanks

NPDES (Waterway Discharge Permits)

Toxic (Air Pollutant) Release Inventory

Special Waste Database

Soils Data for Risk Analysis and Health Threat Response

Air Pollution Sources, HAP concentrations, and Air Monitor Locations

Water Program: Wells/Protection Areas, Well Testing Data, Lake Advisories, Workload Planning Data and GPS/ Wells Data Building Project

Food Program Data for Workload Planning

Household Hazardous Waste Collections

Solid Waste Program

Documentation for Enforcement
and Workload Planning

Noise Control Enforcement

Analyses for Land Use Planning Review

Risk Management Planning Technical Support ("112r" businesses)

#### **GIS DEVELOPMENT**

GIS Access Projects
Development of Tailored Mapping
Systems for Use by Program Staff
in Animal Control, Water Program,
Child Care and Public Health
Nursing

Development (Programming) of New Analytical Tools for Public Health GIS

Training and Upgrade of Staff Programming/System Development Skills

Laptop GIS Development for Infield Technical Assistance

National, State and Local Presentations Given on GIS in Public Health

**Educational Presentations** 

Community Health Data/GIS Website Development

GPS (Global Positioning System) acquisition, beta testing, usage plans and data linkages

GIS Database Management, Development and Planning (e.g., data acquisition and manipulation, data dictionary maintenance, technology needs assessment, etc.

Development of Cooperative Interagency Agreements on GIS/GPS Data Collection and Data Sharing

#### **EPIDEMIOLOGIC RESPONSE**

The Epidemiology Program helps to assure community health during infectious disease outbreaks, environmental emergency response events or community health threats by coordinating epidemiologic response to these threats.

This year, numerous disease outbreaks and incidents of concern called for epidemiologic action.
These included outbreaks of E. coli infection as well as some unidentified foodborne illnesses and other outbreaks; surveillance and preventive measures for Rubella and other communicable diseases; and environmental response incidents requiring

followup. Disease and toxic substance research, case follow up, data collection, analysis and reporting were employed as needed.

#### **BIOTERRORISM**

Concerns about bioterrorism sparked a number of training, grant writing, and interagency planning efforts by a crossdivisional bioterrorism "team." One result is that the health department has been awarded a \$25,000 grant for the new calendar year to enhance epidemiologic surveillance for bioterrorism and infectious diseases.

#### **EPIDEMIOLOGIC CAPACITY**

Skilled analysts and quality data/information systems are necessary to provide effective epidemiologic support for public health activities. Epidemiology services are provided by staff trained in epidemiology, demography, sociology, survey design, program and policy analysis, communication, planning, quantitative and qualitative social data methods and geographic information systems.

The Epidemiology Program continues to be staffed by three full-time personnel, with the assistance of one or two interns. Important strides were made this year in efforts to strengthen professional personnel capacity in the program.

One advance was the successful reclassification of the second Epi position from Program Monitor to the new classification of Assistant Epidemiologist. The second was the approval of permanent funding for what could be called the "epidemiologic data systems" position. This is a position which partly functions as the GIS specialist for the department and for which an appropriate, approved classification is still in development.

#### **GRANTS/AWARDS**

The Epidemiology Program continues to receive Public Health Prevention block grant funds, although these are expected to shrink in the near future. Grant writing efforts were maintained in an attempt to build epidemiological and geographic information systems capacity, with some success in the area of bioterrorism surveillance enhancements for the year 2000.

# Nebraska Department of Health \$16,315

Public Health Prevention Block Grant

# public health nursing



"Nebraska was recognized by the federal Health Care Financing Administration for being number two in the nation for enrolling previously uninsured children into Kids Connection."

> Governor Mike Johanns

# ACCESS MEDICAID ENROLLMENT AND EDUCATION SERVICES

Access Medicaid is a family/client and physician-centered service delivery system using technology and public health principles to foster improved health outcomes through access, assisting clients in obtaining and maintaining a medical home, coordination of care, case management services, outreach activities and community activities.

During the second year of operation, Access Medicaid has continued to show success in achieving its ongoing goals of improved access, client advocacy, coordination of care and outreach through the Nebraska Health Connection/Kids Connection, the



Outreach for clients has expanded to assist refugee, disabled, homeless and teen populations. Staff use interpretation services for clients in need of translation.

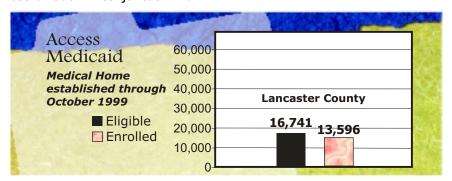
Reviewing and refining the extensive outreach plan with client resource specialists and community agency partnerships has helped continue to improve client response rate to 75 percent or greater. The success means clients/families are continuing to actively engage in the education and enrollment process. This process is activated by a Public Health Nurse who incorporates health assessment, case management, advocacy, risk identification, education and care coordination in conjunction with

the selection of a doctor and health care plan.

Clients with barrier issues, such as lack of transportation or telephone, can attend a community event or outreach activity in their neighborhoods. Clients may also walk in to the Access Medicaid Office for assistance.

The Public Health Nursing staff has been successful in assisting clients in obtaining medical care, specifically focusing on pregnant women who have had late entry into prenatal care.

To assist in the facilitation of the client/family and physician partnership, a Provider Specialist from the Lancaster County Medical Society meets with physicians and their office staffs to identify barriers to care and potential solutions and problem solving. This component of the program provides an essential link to support physicians in service delivery to clients.



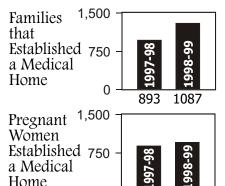
#### INFORMATION AND REFERRAL

More than 23,000 phone calls were received in I and R this past year. Nurses responded to requests for medical information, triaged calls, assisted callers in making medical appointments and referred others to appropriate resources within the department and community.

The Presumptive Eligibility Program was expanded to assist children needing medical services through the Kids Connection program. Over 360 children were approved for Kids Connection at LLCHD this year. Children with acute health care needs received a nursing assessment and assistance with the establishment of a medical home if one did not exist. Parents were educated regarding the Kids Connection Program and medical home concept. Previous barriers to care, such as lack of transportation or financial help to purchase prescriptions, have been eliminated, thanks to this innovative new program.

One example of the impact of Kids Connection involved a mother who brought her infant to LLCHD seeking help for her sick child. Through the Kids Connection presumptive eligibility process, the child received a temporary medicaid card, was able to see a physician and purchased needed prescriptions for an acute respiratory condition all in one day.

About 840 low income, pregnant women received Presumptive Eligibility services for Medicaid and accessed a permanent medical home and services to enhance positive pregnancy outcomes. More than 7,000 medical transportation requests were processed while fielding 7,698 calls related to medical care access.



0



#### Public Health Nursing home and community services

838

772

"A primary goal of the home and community services program is to assure that prenatal care will be accessible to all and well coordinated among health, social and human service providers. Home visitation and case management services will be available to women and children at greatest risk." Carole Douglas, Chief of Public Health Nursing

There were 1,066 new referrals to the Maternal Child Health (MCH) Program. Sources for referrals include physicians, Nebraska Health Connection.

Women Infant Children (nutrition program), Lincoln Public Schools and Access for Prenatal Care.

Home visitation services were provided to about 850 high risk, pregnant women to promote early and regular health care habits. The Public Health Nurse visits as needed up to six months of gestation, then monthly or more frequently during the third trimester. Public Health Nurses visit through postpartum and infancy.

About 30 percent of new program referrals were from ethnic minority families and 70 percent of the pregnant women of ethnic minority accessed prenatal care in the first trimester. Since 1998, 73 percent of all pregnant women enrolled in the project received prenatal care in the first trimester.

The number of new infants provided services through the MCH Project was 567. The total number of visits among infants provided services through the MCH project was 2,559.

Case management, education of prenatal and infant health care needs, and infant care assistance with parental skill development are all incorporated into a Home Visit to ensure positive outcomes for families.

About 21 percent of teen mothers in Lancaster County experience a second pregnancy in

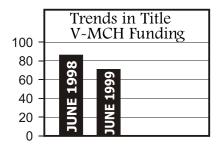


their teen years. However, this rate drops to seven percent for those teen moms in the follow up program.

A funding cut in the MCH grant has resulted in the termination of the tracking portion of the High Risk Infant Program. There is no longer an automatic trigger for a Public Health Nurse referral to follow up on a child at risk who had missed a well child exam. It is anticipated that without the lapse of care follow up, immunization rates will be negatively impacted.

One of the successes from Home and Community Based Services involved a 16-month-old, underweight, malnourished child who had never seen a health care provider. He had little solid food and was primarily breast fed. After intervention with a Public Health Nurse, the child now is gaining weight, and his hemoglobin has returned to the normal range.

A 19-year-old African American woman visited by a Public



Health Nurse in the second trimester of her pregnancy is another success story. She had some complications at 34-week gestation and delivered a healthy infant at 37-38 weeks gestation. At one week postpartum, she was having signs and symptoms of possible postpartum depression. The client later noted that she had made arrangements for the infant's care and for her own funeral. Following education by the Public Health Nurse regarding depression, the family assisted her in initiating mental health care. With support and guidance from the Public Health Nurse, the client's family was able to successfully advocate for her. She was eventually admitted to a program appropriate for addressing her long term needs.

# EARLY INTERVENTION SERVICES COORDINATION

Objective: All children up to age three will be referred for services when there is a concern about the child's development.

Outcome:

During this past year, one of the families served by the early intervention staff had school-aged twins with cerebral palsy who needed summer care and before and after-school care. Their provider decided to close and gave the family two weeks notice. Through assistance from LLCHD, the family found a provider willing to take the children but anxious about their needs. Consultation was provided to the new provider, and the children were able to transition into their new care smoothly.

Objective: Children who have disabilities or development delays will be referred to services as early as possible.

# Children Referred to the Early Intervention Program

AGE	1995-96	1998-99	INCREASE
*Less than 1 year	49	105	115%
*1-2 years	54	72	34%
2-3 years	104	110	stable

\*Note: These are two age groups targeted for early referral

#### **QUALITY IMPROVEMENT:**

Objective: All Public Health Nursing Division programs and staff will participate in the Division Quality Improvement Program (QIP).

Total Number of Referrals to the Early Intervention Services Coordination Program					
95-96	96-97	97-98	98-99	1995-99 Increase	% of Increase
246	297	302	329	83	34%

#### Indicators:

- During the 1998-99 year, a Quality Improvement Coordinator was hired for the division.
- Draft policies and procedures are being developed to establish and implement a division-wide QIP.
  - Another example of how the early intervention staff assisted a family involved a child with multiple disabilities who needed respite, in-home nursing, medical equipment, educational services and coordinated medical care. An LLCHD Services Coordinator helped the parents establish in-home providers, a communication notebook and an interagency plan of care that met the needs of both the child and family.

# EARLY CARE AND EDUCATION FOR CHILDREN WITH DISABILITIES

Objective: To increase the availability of quality, affordable, licensed child care for children with special needs.

#### Indicators:

Twenty-one child care centers and 18 home providers are participating in grant activities to better serve children with special needs. This represents about five percent of licensed providers in Lincoln

- The participating 18 home providers, licensed to serve a total of 142 children, served 31 children with special needs (22 percent) during the 98-99 grant year.
- The 21 participating centers, licensed to serve a total of 1,648 children, served 135 children with special need (eight percent) during the 1998-99 grant year.

The goal of the WIC program is to make services available to women and children who are at greater risk due to poor health and nutrition. WIC results in access to an array of health and nutrition



services through education and referrals while providing nutritious foods to families in need. WIC has also developed a breastfeeding promotion and support program for pregnant and postpartum women.

WIC has been able to recover from the caseload losses. brought about by the waiting list. Increased funding has allowed for additional staffing as well as the implementation of a quality improvement plan. WIC also headed the SmokeFree Program, which provides smoking cessation to prenatal clients as well as other household members. WIC was able to team with other programs within LLCHD to promote a united smoking cessation message. WIC has also increased community integration through LMEF (Lincoln Medical Education Foundation) Young Families Program and the use of NEP (Nutrition Education Program) staff to enhance nutrition education to clients using both services.

WIC staff consistently see over 820 women and 1,620 infants and children on a monthly basis. WIC at LLCHD continues to serve the highest percentage of pregnant women and infants in the state as well as the largest proportion of high-risk clients (67 percent), which supports the WIC Program's goal of providing easy access to varying health programs. Racial and ethnic minorities continue to comprise 35 percent of the general population.

WIC strives to provide

breastfeeding education to pregnant women and their support systems and has an initiation rate of 56 percent, which is higher than the national average of 47 percent. The development of a departmental breastfeeding promotion initiative will help increase the number of contacts in which breastfeeding education will be given.

#### SCHOOL HEALTH NURSING PROGRAM

A total of 315 school visits to 42 parochial, rural and private schools were done. Over 170 telephone calls were triaged, and 88 parent and teacher conferences were held.

Seven educational inservices were given to 134 people from 35



different schools. Topics included state laws, physicals, screening (dental, hearing, vision, scoliosis, height and weight), eating disorders, immunizations, communicable disease control, first aid, eating disorders, medications in schools, environmental issues, attention deficit syndrome, special needs children and LLCHD services.

A School Health Committee, including representation from the Environmental Health, Health Promotion and Outreach, Public Health Nursing, Dental and Animal Control divisions was formed during this past year. This committee focuses on coordinating services to schools throughout the county and improving communication to schools regarding available resources.

Lancaster County's first Bike/Walk to School Day was held as a collaborative effort with the American Heart Association, State PTO, State of Nebraska Physical Fitness Program, Lancaster County Bike Association, UNL and LLCHD. About 10,000 students



participated. This project was presented at the State of Nebraska Initiatives Program and the Governor's Council on Physical Fitness. Next school year's "Walk Your Child to School Day" will be a statewide effort.

LLCHD collaborated with the Lancaster County Head Lice Task Force to address concerns and develop a community plan to address this issue.

The Health Department collaborated with UNMC College of Nursing, Nebraska Wesleyan University and Union College to facilitate teaching and learning opportunities. Student nurses were involved in aggregate studies and teaching projects to address student and community concerns.

#### **CHILD HEALTH CLINIC**

This year staff members have spent many hours enrolling children into Kids Connection, Nebraska's Health Insurance Program. Families are given the opportunity to sign up their kids for this insurance program at the time of their Child Health Clinic appointment. As a result of these efforts, many children now have medical homes. When there is an immediate medical need, families without a physician no longer need to take their children to the emergency room. Every day, there are opportunities to enroll children into the Kids Connection



Program through the clinic. These children are assessed by a nurse, and the child is assigned to a primary care physician right away.

#### PRIMARY CARE CLINIC

This year, 2,386 clients were served by the Primary Care Health Team. Public Health Nurses have worked closely with our physicians, NHHSS staff and specialists in the community to secure health care for citizens of Lancaster County.

Public Health Nurses negotiated care/service for a 35-year-old client who came into the Primary Care Clinic with a fractured leg after being referred to an orthopedic specialist through the emergency room. The client had no job, insurance or other means to pay for the services, so refused to see the specialist. The nurse case manager was able to work with the specialist's office to get the care that the client needed.

Obtaining pharmacy services has been one of the difficulties faced in the Primary Care Clinic.

Many clients have low incomes and little or no insurance. Often times, medications are ordered, and it becomes difficult for those who do not qualify for assistance to find the funds for the prescriptions. They must go without the medication or wait until they have enough money to purchase it.

#### **CHRONIC DISEASE**

Public Health Nurses work to reduce premature death, disability and economic costs to society due to chronic diseases, especially cardiovascular disease, cancer and diabetes in the frail elderly and persons without health resources.

About 1,800 home visits were provided to 377 persons over age 64. Services are provided under medical direction and include assessment, health education, monitoring of health status and case management to promote client independence and safety in the home setting. About 460 home visits were provided to 168 persons aged 45 through 64 to enhance medical compliance to promote healthy outcomes.

About 1,445 health screening and educational sessions were provided at health stations located throughout the city and county to persons over age 45. These services focus on early detection of disease, management of identified disease and health education

#### **COMMUNICABLE DISEASE**

The Communicable Disease Program is actively involved in disease surveillance throughout the year. In addition, the program does weekly monitoring of school illness reports and influenza monitoring of physician offices during the flu season to be able to alert the public and health care providers when increased disease activity begins to occur.

This past year, 7,400 influenza immunizations were provided to those at high risk by the department.

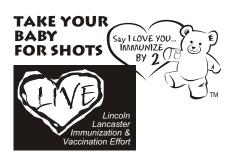


During this past year, the department was actively involved in tracking, follow-up and prevention activities connected to disease outbreaks, including E.coli and Rubella.

The department's Hepatitis B Perinatal Program experienced a significant reduction in grant funding this past year. Although the program was able to continue to work with Hepatitis B infected pregnant females and their newborns, the program had to discontinue its outreach efforts to high-risk individuals.

Tuberculosis, a low incidence disease in Lincoln and Lancaster County, is nevertheless monitored, and follow-up is done on all potential or suspect cases and contacts of known cases in our community. The program has seen an increase in utilization of the department's TB clinic by potentially TB infected individuals. The use of "direct observation therapy" (DOT) for those being treated for TB has increased in the past year. Six individuals were on DOT at some time during the past year.

A total of 25,627 immunizations were provided to school age children this past year by department staff. This reflects an increase of about 3,700

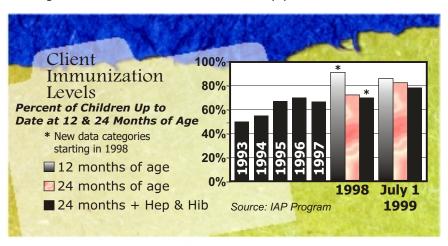


immunizations from the previous year. As the number of immunizations provided increased, the department's Immunization Action Program grant received a 29 percent reduction in funding this past year. This necessitated a reduction in immunization clinic hours.

The Communicable Disease program received 1,294 disease reports last year and did 377 epidemiologic follow-up investigations.

100,000 population. A decline in the number of new AIDS cases this past year, from 12 to eight, reflects the impact new therapies for treating HIV are having on reducing the incidence of AIDS and AIDS deaths.

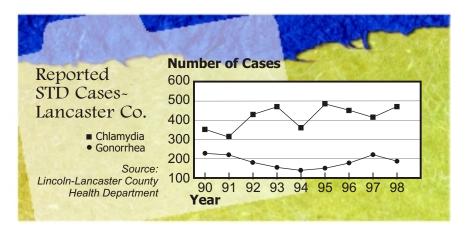
As concerns regarding the threat of bioterrorism increase, the Communicable Disease Program staff has attended training on bioterrorism and has worked with other areas in the department to develop plans to deal with



There were 94 cases of gonorrhea and chlamydia in Lancaster County in 1998, which is 220 cases per 100,000 population. Gonorrhea incidence was down from 111 cases per 100,000 population in 1997. Chlamydia was up from 196 cases per 100,000 population in 1997.

The incidence of AIDS in Lancaster County is 3.4 cases per

bioterrorism should an incident occur in our community.



#### **GRANTS AND AWARDS**

Nebraska Health and Human

Services System

1. HIV/STD \$ 91,060

2. Diabetes

Education \$ 5,000

3. Early Intervention
Innovative Project \$ 15,000

4. Early Intervention Service

Coordination \$ 325,000

5. Developmental

Disabilities \$ 12,000 6. Hepatitis B \$ 13,688

7. High Risk Maternal/Infant Follow-up

Program \$ 70,000

8. NE Immunization

Action Plan \$ 61,969 . Medical Access

Medical Access
 Coordination \$ 100,718

10. Tuberculosis Management \$ 23,700

11. Women, Infants and Children (WIC) \$ 314,484

\$2,086,450

12. Access
Medicaid/Health
Connection

Lancaster County
1. General

Assistance \$ 141,500

2. Jennie B Harrell Attention Center \$ 49,300

# environmental health



Lois Schmidt Co-owner Greg's Restaurant

## CONSUMER SERVICES AND HEALTH PROTECTION

Food Protection, Quality Child Care, Water Quality, Public Health Nuisances

"We have always taken pride in operating a safe and clean restaurant. And it really meant a lot to us to be publicly recognized as the winner of the Board of Health's annual 'Excellence in Food Service Sanitation' award. This award program is a great way to encourage good sanitation and safe food handling."

Food Protection Program
Health Objective For the Year
2000 - To reduce the incidence of
foodborne disease.

Progress on Key Indicators for Healthy People 2000

Salmonella infections decreased from a rate of 18/100,000 people in 1990 to 14/100,000 people in 1998. The Year 2000 Goal is 10/100,000 people.

"Critical Item" food code violations have decreased from 19% of all violations found during inspections to 12%. The Year 2000 Goal is 15%.

Foodborne illness continues to pose significant public health risks. Centers for Disease Control and Prevention estimates that 76 million cases occur in the U.S. each year, causing 325,000 hospitalizations and 5000 deaths. Extrapolated to Lancaster County, approximately 50,000 people had a foodborne illness this past year. The Food Protection Program's goal is to assure that commercially prepared food is safe to consume. About 96 restaurants, retail markets and schools are licensed. Food Handler and Manager education, consultation/technical assistance, inspections and enforcement are the four main aspects of the Program. Technical assistance ranges from plan review for new facilities to hazard analysis of critical control points in food preparation processes. Public complaints on food establishments and potential foodborne illness outbreaks are investigated quickly.



Community Involvement Assures both the Public and Industry are Heard

The Food Advisory
Committee involves both industry
and citizen representatives to
advise staff and the Board of
Health on how to best protect the
public from foodborne illness.

Lincoln's Growth Prompts Increased Resources Dedicated to Foodborne Illness Prevention

After a thorough program review and comparability study, the Food Advisory Committee recommended that the Board of Health and Mayor add staff resources to the Food Program, funded by fees. An extensive industry and community input process resulted in broad based support. The Mayor's budget included two additional staff in the Food Program. These staff resources will be focused on consultation and technical assistance, increased inspection frequency for food facilities that serve higher risk populations, such as older adults and children, and improved food handler education.

#### **HIGHLIGHTS**

More than 200 Food Managers attended three continuing education seminars developed by LLCHD, with help from UNL, Lancaster County Extension and the Nebraska Restaurant Association. Over 8,000 food handlers were trained through LLCHD classes and LLCHD-approved restaurant and in-store training programs. A class is offered in Spanish every month.

UNL and Southeast Community College ServSafe courses educated 374 food mangers, who passed national exams and obtained their Food Manager Permits.

LLCHD and the Food
Advisory Committee coordinated
efforts in the community to
educate the public on foodborne
illness prevention during National
Food Safety Month in September.
Participating agencies and
organizations included the Mayor's
Office, Lancaster County
Extension, UNL Food Science,
Nebraska Grocers Association and
the Nebraska Restaurant
Association.

Several significant food borneillness outbreaks were confirmed:

- Over 120 people became ill following a catered retirement party at the State Capitol.
- Food poisoning was confirmed in nine adults and two children from two separate parties. They developed vomiting and diarrhea within two hours of eating delivered pizza.

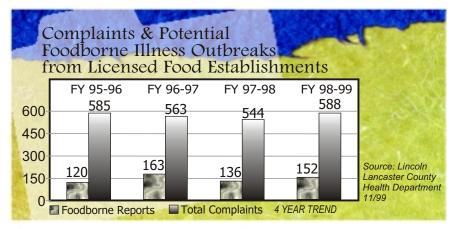
- Twenth-three people from two separate groups became ill after eating at a local restaurant. One was hospitalized and two received intravenous fluids for re-hydration. Investigation pointed toward employees who prepared food while sick.
- Fourteen sorority house members became ill following a dinner at their house. Six of the 14 went to a local hospital emergency room due to the severity of vomiting and diarrhea

Consultation was provided and measures taken in every case to prevent future outbreaks.

Nearly 2,470 sanitation inspections were performed in restaurants, retail markets, and schools.

Staff provided 290 on-site technical assistance consultations and 1,244 phone consultations.

Staff issued 35 Food Enforcement Notices for situations which presented immediate and substantial risk to the public's health. Two establishments were temporarily closed until corrective actions were completed.



#### **QUALITY CHILD CARE**

Health Objective for the Year 2000 - To increase the availability of quality child care.

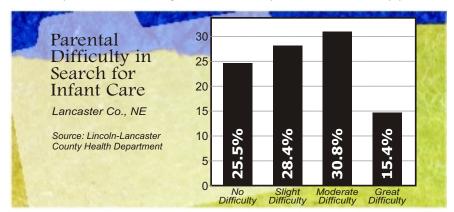
#### Progress on Key Indicators For Healthy People 2000

The percentage of licensed child care spaces increased from 39% of all children needing care to 48%.

Quality child care is developed through educating parents, providers, employers and policy makers; providing parent referral to licensed providers; licensing and inspection; and encouraging licensed providers to exceed regulations in the areas of disease and injury prevention and child development. This program requires extensive community development and advocacy work.

#### Child Care Needs In Lancaster County

Lincoln has one of the highest rates in the nation of mothers with young children in the workforce and two-income families. A local survey of infant care needs was conducted. This survey revealed that many parents



experienced difficulty in finding quality infant care. There continues to be a need for additional licensed child care providers.

Setting Policy to Protect Children's Health in Child Care Sixteen citizens comprise the

City County Child Care Advisory
Committee which gives policy
makers guidance on child care
issues, ranging from children's
health to child development.
Subcommittees address infant
care, school age child care and
sick child care. LLCHD staff
worked closely with numerous
agencies, businesses and the
education community to assure
duplicative efforts were minimized.



Children's Environmental

Health - the K.I.T.E. Program

Children are at much greater

Children are at much greater health risk from environmental exposures than adults, so LLCHD has focused efforts on reducing children's environmental health risks. Efforts included helping Child Care Providers exceed licensing standards, participating in the Earth Wellness Festival and



KITE.

providing workshops for Healthy Homes Community Resources Specialists, Public Health Nurses and School Health Nurses.

To better address this high priority concern LLCHD pursued an **EPA Environmental Education** grant in 1999. LLCHD developed the K.I.T.E. Program, which stand for Kids in Touch Environmentally. This grant helped LLCHD put additional resources toward improving the quality of child care by reducing environmental health risks to children. LLCHD developed several curricula as part of the grant, including Indoor Air Quality, Household Hazardous Waste, Water Quality, Food Safety, Lead Poisoning and Environmental Tobacco Smoke. Many other public and private entities collaborated with LLCHD to teach over 600 childcare providers. Empowered with this information, Child Care Providers then protect the children in their care by choosing safer environmental practices, maintaining a healthful environment and educating the children and their parents to do the same.

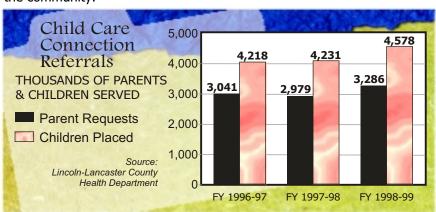
# Assuring High Quality Child Care

Over 100 child care providers became "Providers Exceeding Licensing Standards" by passing requirements of the Department of Education's "Indicators of Quality" and testing on portions of the Healthy Children Handbook.

The computerized Child Care Connection resource and referral service offers lists of licensed child care providers free to everyone in the community. children and adults recovered. Immediate response kept the number of infected persons to a minimum, preventing spread in the community.

Nearly 1,100 inspections of child care facilities were completed, and 71 complaints on child care were investigated.

Special technical assistance was provided to several new child care facilities to assure the design would protect children's health and



A monthly calendar on training opportunities is sent to 1,750 child care homes, centers and agencies.

An outbreak of E. coli in a home child care was contained before the disease spread to other children in child care settings. Eight children and two adults were infected. Two children were hospitalized and one child experienced Hemolytic Uremic Syndrome, a kidney damaging complication. Fortunately, all

safety and enhance child development.

Family Care Solutions
Family Care Solutions (FCS)
is a public-private collaboration
supporting families in the full
range of dependent care needs.
In the tight labor market in
Lincoln, businesses are
increasingly looking for ways to
help families and retain good
employees. Educational seminars,
personal support, resources and
referrals for care are made

available to employees of participating businesses. The entire community benefits by the increased quality of child care available to every child. FCS is a joint project with the Lincoln Area Agency on Aging and was made possible by the investment of Aliant, Ameritas, Experian, Novartis, Pathology Medical Services, St. Mary's Catholic School, the University of Nebraska-Lincoln and Quest Diagnostics.

# WATER QUALITY PROTECTION PROGRAM

Health Objective for the Year 2000 - To conserve and protect ground and surface water for domestic, agriculture and industrial use.

# Progress on Key Indicators for Healthy People 2000

All newly-drilled wells are now required to be registered.

All new sewage systems are required to meet regulations.

The Water Quality Protection
Program assures that ground and
surface water is protected from
contamination, water from private
wells is safe to drink, sewage is
managed to prevent human
exposure and environmental
pollution, and pools and spas are
safe for public recreation.
Preventing groundwater

contamination is a program priority. Proposed land developments are carefully reviewed to assure adequate water quality and quantity and acceptable sewage disposal. All newly drilled domestic wells within Lincoln's three-mile jurisdiction are inspected and sampled. Anyone putting in a sewage system in Lancaster County must submit a construction application, which is reviewed for correct design. Onsite inspections assure the system is installed as designed.

LLCHD has developed partnerships with rural communities and schools to protect groundwater. Norris High School students implemented the Groundwater Pollution Prevention Self-help Checklist at farms and acreage residences in wellhead protection areas. Fourteen students participated, obtaining water samples for nitrate testing and working through the checklist with the land owners. This same



checklist is provided to new rural property owners.

Assessment of our Water Quality

Many of the public health risks associated with contaminated water and sewage are well known, and programs have existed for many years. Water quality testing is done through sampling private wells for bacteria, nitrates, and other chemicals.

All water wells are being incorporated into a Geographic Information System database. This will provide an excellent resource for assessing water quality in specific areas of the county.

Public pools and spas are inspected and tested for required levels of disinfectant, water clarity and safety equipment needed for rescue.

Policy Development and Quality Assurance for Safe Water

Three acreage-type subdivisions just outside the city limits were annexed based on Health Department recommendation to protect the public's health from risks posed by their old, failing sewage systems. City sewer will soon be provided to each.

Health Department staff worked on an multi-agency team to develop curricula to train sewage system installers and educational materials for septic system owners. UNL will administer the grant. LLCHD will pilot test the educational materials with local installers.

The Nebraska Department of Environmental Quality received approval for changes to regulations for on-site wastewater treatment systems. LLCHD will incorporate these changes into local ordinances and resolutions. Meetings were held with sewage system installers to provide updates on policy and regulations.

Water Quality Highlights

More than 1,300 water well and sewage system inspections were performed.

Staff reviewed 171 proposals for changes in land use to assure adequate quantity and quality of water, adequate sewer and that public and environmental health risks were minimized. Plan reviews may involve on-site visits, accessing databases for information of groundwater quality and quantity and soil types, and identifying flood plain and right-of-way concerns.

More than 40 people attended the LLCHD coordinated On-site Sewage Installers Seminar.

About 240 water well permits were issued.

Staff collected 478 drinking water samples from private wells to determine suitability for drinking. Volatile organic chemical testing was performed on select wells.

Nearly 500 inspections of swimming pools and spas were completed. More than 40 pools or spas were closed temporarily until conditions were safe for public use. Typically, chlorine residuals were not being maintained.

Lancaster County and the Village of Davey were recognized as Groundwater Guardian Communities by the Groundwater Foundation.

#### PUBLIC HEALTH NUISANCES, COMMUNITY SANITATION AND QUALITY OF LIFE

Health Objective for the Year 2000 - To reduce the health and environmental consequences of solid and liquid waste.

# Progress on Key Indicators for Healthy People 2000

The percentage of solid waste that is recycled has increased from 26% to over 37%.

The number of reports of illegal dumping along county roads has decreased from 293 in 1996 to 224 in 1999.

Basic sanitation conditions reflect the overall health of a community and are associated



with a multitude of public health impacts, including lead poisoning, poorer health outcomes in pregnancy, communicable disease transmission, low vaccination rates, rat and other scavenging animal problems and violence. The Public Health Nuisance Program responds quickly to complaints on garbage, safety concerns, standing water and other health nuisance conditions. Enforcement actions include actual abatement of the condition posing a risk to the public's health and taking court action.

# Efforts to Improve Community Sanitation

Staff participate on two inter-departmental teams - the Problem Resolution Team and the Focus Areas Concept Team - which coordinate a unified city response to properties with multiple problems and areas with blighting conditions, respectively. LLCHD's role is addressing the problem holistically from a public health perspective.

The Mayor and City Council supported a change in state law that would allow Lincoln to require



garbage service for all rental properties. Rental properties have a much higher percentage of garbage problems than owner-occupied properties. This bill was held in committee for consideration in the 2000 session.

Education Combined With Enforcement is the Most Effective Combination in Changing Behavior

Keep Lincoln and Lancaster County Beautiful (KLLCB) continues to take a grassroots approach to environmental education and mobilizes citizen's groups, neighborhoods and local schools to keep our environment clean. A hard working advisory committee helps establish goals and priorities. The mission of the KLLCB program is to improve waste handling practices and increase environmental awareness

through education and participation and to keep Lincoln and Lancaster County litter-free.

Measuring the Impact of Litter and Illegal Dumping

Effort to fight illegal dumping continue to focus on increased reporting. Billboards, bumper stickers and litter bags encourage citizens to report illegal dumpers to the Sheriff's office. New roadside signs stating, "Littering/Dumping, up to \$1000 Fine," will be erected later this year near sites most prone to illegal dumping. The 1999 litter survey found a slight decrease compared to the 1996 base line. Lincoln and Lancaster County continue to take great pride in being clean, but littering still occurs.

#### **HIGHLIGHTS**

LLCHD and the Yankee Hill Neighborhood Association made progress in getting a long-term "problem" property cleaned up. The property had over 100 nuisance, salvage and solid waste code violations. The owner was under a court order to keep the property clean and spent several months in jail.

More than 300 reports of illegal dumping of waste were received. More than 70% of these were along county roads and were referred to a private contractor for clean-up.

At the request of a neighborhood association, the City's Problem Resolution Team coordinated efforts to address multiple problems associated with a vacant lot and other properties near 1st and "J" Streets. LLCHD later coordinated a health fair in this neighborhood to promote wellness and encourage the maintenance of the improved level of sanitation. This quality of life in this area was substantially improved by these efforts.

KLLCB activities generated 13,717 hours of volunteer time. Nearly 3,000 individuals



volunteered their time and effort to make Lincoln and Lancaster County a cleaner, healthier, safer place to live.

The KLLCB Program assisted 38 Lincoln neighborhood associations, special interest



groups and villages in cleanup efforts resulting in the recycling of 47,000 pounds and proper disposal of 250,000 lbs. of solid waste. KLLCB focuses on keeping costs low and getting people to focus on keeping a clean neighborhood all year.

The Keep America Beautiful Great American Cleanup kickoff was promoted as part of the Keep Wilderness Park Beautiful Cleanup. KLLCB recruited 30 youth volunteers who painted a bridge in Wilderness Park.

Over 150 volunteers helped the Keep Lincoln & Lancaster County Beautiful Program make the Star City Holiday Festival Parade a successful litter-free event. Seventy youth from 27 different schools performed in the KLLCB "Trash Can Band," which received the "JUDGES SPECIAL RECOGNITION" award.

Two "Tire Amnesty Days" were held in collaboration with the City Recycling Office. A Nebraska Department of Environmental Quality grant funded the effort

which allowed people to bring in their used tires at no cost. Approximately 70,000 tires (700 tons) were collected.

Nearly 1,270 public health nuisance complaints were investigated. Complaints typically involve garbage, acute safety hazards, illegal dumping, or rodent problems. Compliance efforts required 2,103 on-site inspections. Thirteen properties had the nuisance conditions abated by order of the Health Director, with costs assessed back to the property.

# POLLUTION PREVENTION/AIR QUALITY

Pollution prevention is any activity that reduces the toxicity or amount of waste generated. Pollution prevention makes good public health sense since it reduces health risks and applies equally well to indoor air, outdoor air, groundwater, surface water,



soils and personal exposure to environmental health hazards in the home or workplace. Collaborative efforts with business, industry and citizens make pollution prevention a community-wide effort.

Policy Development

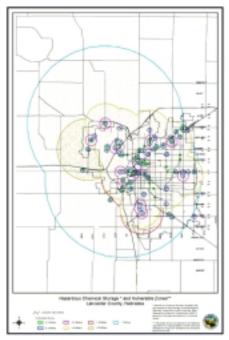
LLCHD participated in a multi-disciplinary task force to develop an Environmental Stewardship program. Initially conceived as a local effort, industry input led to the development of a state-wide approach. This program would offer incentives to business, industry and agriculture for exemplary environmental practices. The work products from this effort will be submitted to the Nebraska Legislature's Natural Resources Committee.

#### Risk Management Planning Program

The accidental release of toxic chemicals to the air can pose serious health risks. The Federal Clean Air Act (CAA) requires that all facilities storing large quantities of toxic chemicals must develop release prevention and emergency response plans and hold public meetings to explain those plans. LLCHD received an EPA grant to help businesses comply with the law. LLCHD hosted a workshop, attended by 26 people, to explain the law, promote pollution prevention as the best method to reduce risk and help businesses develop plans and communicate to the public.

Several businesses eliminated or reduced the quantities of toxic materials, thus reducing community health risks. In some cases, these reductions freed the business from the need to develop emergency response plans. Other businesses have closed unsafe facilities or redesigned their facilities to be safer. The RMP Program has been a productive collaboration between federal, state, and local agencies business, industry and citizens making Lincoln, Hickman, Waverly and area villages safer.

The computer based Geographic Information System (GIS) was used to identify and map geographic features,



structures, transportation routes and typical wind directions. GIS pinpointed sensitive populations and sites at which chemicals were stored and modeled potential responses to a hypothetical crisis.

#### **HIGHLIGHTS**

Keep Lincoln and Lancaster County Beautiful (KLLCB) coordinated the annual Lincoln-Lancaster County Environmental Awards, which are co-sponsored with the Public Works and Utilities Department. Category award winners were:

- Clean-up and Beautification Wyuka Cemetery
- Pollution Prevention (toxicity reduction) - Goodyear Tire and Rubber and Square D
- Water Conservation Kenl Inn, Inc.
- Waste Reduction and Recycling - Wayne and Dave Nielsen, UNL Recycling Department and Lancaster County Cooperative Extension
- Environmental
  Education/Awareness Richard and Rosemary
  Wiese, Asian Cultural and
  Community Center, Hispanic
  Center, Clyde Malone
  Community Center and
  Pioneers Park Nature Center
- Residential/CommercialDevelopment Mary Renner

 Bruce Baugh Memorial
 Award (for individual achievement) - Ron Marquart

"Square D appreciated being recognized locally for our efforts to be good environmental stewards."



John Hetcko

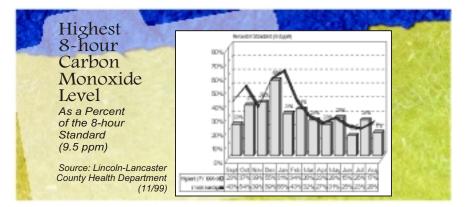
On-site pollution prevention technical assistance/consultation was provided to Nebraska Boiler, The Board Store, Telex, GFRC, Rivers Metals, National Crane, Ace Hardware, Fleming Foods, local Coops and many other businesses and public agencies.

The Storm Water Awareness Program (SWAP) increases awareness that what goes down a storm drain goes directly into our streams and lakes. All new storm drain inlets installed in Lincoln are required to have a fish symbol and the words "NO DUMPING" and "LEADS TO STREAM" permanently imprinted into the concrete.

Eight LLCHD staff were among about 80 presenters at the Earth Wellness Fair. Nearly 3,000 fifth-grade students and teachers attend. LLCHD presentations included air pollution and buying the least toxic product.

Over 80 adults from the Vietnamese Catholic Church attended an LLCHD presentation on household pollution prevention and waste disposal, Lincoln's drinking water quality, lead poisoning and the safe consumption of fish caught in the waters of Nebraska.

The Hispanic Center's environmental justice meeting and award ceremony drew 26 people. Educational presentations were made, and 103 families who participated in environmental education outreach were presented certificates.



Outdoor Air Quality
Health Objective for the
Year 2000 - To improve
and/or maintain the outdoor
air quality to protect the
public's health and welfare.

Quality Environmental Health Assessments Form the Foundation for Good Riskbased Decision-Making and Reducing the Risk to the Public's Health

# Progress on Key Indicators for Healthy People 2000

The levels of "criteria" air pollutants - carbon monoxide, ozone and particulate matter - have been maintained at levels below health-based standards.

Emissions of hazardous (toxic) air pollutants have decreased dramatically, even with a doubling in the number of businesses required to report such pollution.

Assessment of outdoor air quality and potential public health risks posed by air pollution is gathered through two sources. The first data set consists of ongoing monitoring of Lincoln's and Lancaster County's air quality for carbon monoxide (CO), ozone (03), and particulate matter (PM2.5). The other data set is the amount and kind of air pollution emitted by the largest air pollution sources (business,

industry and government). Computer modeling is performed on potential new sources of air pollution to assure that health risk levels are not exceeded. Larger businesses and industries have specific restrictions placed on them to protect the public's health from air pollution. These restrictions are part of LLCHD's air pollution source Operating Permit Program. Businesses and industries using and releasing hazardous chemicals into the air, water or soil are offered pollution prevention technical assistance.

Policy Development

Significant changes in national policy on ambient air quality standards have required LLCHD to create a new monitoring plan for very small particulate matter (PM 2.5). This new regulation focuses monitoring on particulates that are believed to pose the most risk to human health.

The Air Pollution Control Advisory Board (APCAB), composed of industry representatives, an elected official and public spirited citizens, advises the Board of Health and elected officials in policy matters related to outdoor air quality. APCAB's efforts focused on developing fee strategies which would more equitably distribute program costs to all sources of air pollution.

LLCHD was given approval to review and evaluate data from the EPA Cummulative Toxic Air Emission Exposure Project for Lancaster County. LLCHD was the only agency in the nation given this opportunity. LLCHD drafted a paper describing our review and results, which was posted on the Internet and discussed in a conference call with 200 people from 75 air agencies across the U.S.

technical assistance visits were conducted at small businesses to help them in completing regulatory reporting requirements and in reducing pollution.

Of the 131 inspections of asbestos removal were completed, seven notices of violation were issued.

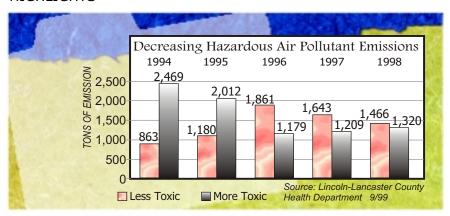
Indoor Air Quality

Health Objective for the

Year 2000 - To reduce the

health risks caused by indoor

#### **HIGHLIGHTS**



Lincoln maintained complete compliance with all national ambient air quality standards for CO, ozone and particulate matter for the twelfth straight year.

Of the 178 compliance inspections completed for air pollution sources,14 were issued notices of violation.

Air pollution emission inventory reports were reviewed for 116 industries and businesses.

On-site pollution prevention

air pollutants in residences, work sites and public places.

# Progress on Key Indicators for Healthy People 2000

The percentage of smokefree restaurants has increased from less than 1% to over 50% in the past 10 years.

LLCHD provides technical assistance in identifying sources of indoor air pollution, preventing indoor air pollution and solving

indoor air quality problems in businesses, government work sites, apartment complexes and private residences. Consultation was provided to Galaxy Skateworld; Southeast Community College; Nebraska Neon Sign Company; Lancaster County Medical Society; the Community Blood Bank; several nail salons; Square D; HyVee Food Stores; several city and county work sites and many others. Pollutants creating the majority of health problems include paints and solvents, pesticides, environmental tobacco smoke, mold/mildew, particulate matter and mercury vapors (from broken thermometers and other sources).

LLCHD worked with Scott Middle School, Southeast High School and St. Mary's School, which volunteered to implement EPA's "Tools for Schools" program to assure that school staff had a system in place to evaluate and solve indoor air quality problems.

In a collaborative effort with Lincoln Public School's nursing programs, educational flyers on asthma and environmental tobacco smoke were sent home with all LPS elementary school students via the "Friday Folder."

LLCHD investigated 193 cases of poor indoor air quality. More than 200 on-site evaluations were conducted to determine

sources of indoor air quality problems. LLCHD handled 2,226 phone calls related to indoor air quality technical assistance.

An LLCHD workshop on carbon monoxide drew 53 people. Attendees included heating contractors, property managers, wholesalers and staff from Lincoln Public Schools and Lincoln Building and Safety Department.

A Core Function of the Environmental Health Division is to Assure Health Protection Through Appropriate Regulation

Special Waste Program

Health Objective for the
Year 2000 - To reduce the
health and environmental
consequences of solid and
liquid waste.

The Special Waste Program protects public health and the environment by assuring safe waste management practices; encouraging pollution prevention, reuse and recycling; and assuring proper disposal. This program is a collaborative effort with the Public Works and Utilities Department. This program prevents hazardous waste from entering the landfill. Compliance inspections are conducted, and illegal disposal of special and hazardous waste is investigated. Enforcement actions are taken when needed.

#### **HIGHLIGHTS**

The program reviewed 3,015 special waste inventories from local businesses. More than 900 special waste permits were issued.

The program acted on 69 requests for technical assistance consultations on managing special and hazardous wastes from local businesses and agencies.

A Partners in Pollution Prevention project with the University of Nebraska-Lincoln resulted in technical assistance being provided by engineering students to local businesses.

"I appreciate the help provided by the Health Department engineering staff. The new processes we implemented reduced pollution,



George Witt

and reduced our operating and maintenance costs. Having this kind of technical assistance available is a great resource to Lincoln's businesses."

The program conducted 37 comprehensive compliance inspections.

Nearly 70 investigations of illegal special waste disposal were completed. Compliance assistance was provided to each business, and legal action was taken in several instances



Household Hazardous Waste Health Objectives for the Year 2000 - A) To reduce the health impact of hazardous materials. B) To reduce the health and environmental consequences of solid and liquid waste.

As the Household Hazardous Waste (HHW) Program enters its 15th year, it continues to focus on three primary objectives: educating the public on choosing least toxic products; getting the most toxic and hazardous waste out of people's homes, garages, barns and basements thereby reducing health and environmental risks; and encouraging the recycling of oil, paint, batteries and other hazardous waste for which local recycling alternatives exist. The Program's intent is to



Source: Lincoln-Lancaster County
Health Department 11/99

help citizens correctly handle, recycle and dispose hazardous waste. The program prevents significant quantities of hazardous waste from being dumped in the landfill. Old pesticides, solvent based paint, furniture stripping agents, mercury containing devices and PCBs are brought in to every collection. For the second year in a row, a local industry, Pfizer Animal Health, sponsored and funded a HHW Collection as a community service showing true corporate commitment to our community and to environmental stewardship.

#### **HIGHLIGHTS**

Seven different household hazardous waste collections resulted in 71,133 pounds of hazardous waste being collected from 1,627 households.

Eliminating mercury hazards from the home was a focus this year. LLCHD convinced both Bryan/LGH and St. Elizabeth Medical Center to no longer send home mercury thermometers with new parents. LLCHD also distributed 1,500 non-mercury digital thermometers to lowincome families in exchange for their mercury thermometers.

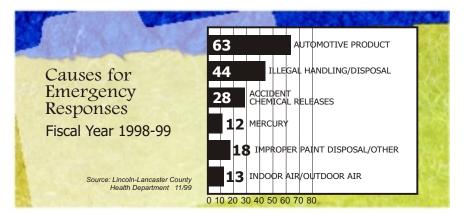
Technical assistance was provided to 525 citizens needing to get rid of household hazardous waste.

The annual spring paint exchange resulted in over 600 gallons of paint being reused.

Thirteen educational presentations on household pollution prevention were made. Sites included the Earth Wellness Fair, Saint Elizabeth Regional Medical Center and the Vietnamese Catholic Church.

#### HAZARDOUS MATERIALS EMERGENCY RESPONSE PROGRAM

Health Objective for the Year 2000 - A) To reduce the health impact of hazardous materials. B) To reduce the



health and environment consequences of solid and liquid waste.

LLCHD staff are on call 24 hours a day to respond to emergency events involving the release of hazardous materials. In 1997-98 the Emergency Response Team responded to 178 emergencies, 64% more than last year. Most responses are in conjunction with the Lincoln Fire Department's Hazardous Materials Team or rural fire departments. Responses included spills of automotive fluids, illegal handling



or disposal, accidental chemical releases, pesticides spills, high levels of carbon monoxide and volatile organic chemicals in buildings, illegal dumping of hazardous waste and discharges to streams. The largest single category of the responses involved the release of gas, oil or diesel fuel from vehicles to the environment

#### **HIGHLIGHTS**

The illegal use of the pesticide malathion in a neighborhood led to several people becoming ill. Investigation

resulted in action being taken in court against the pesticide applicators license.

A contract was let to a private business to assist LLCHD in handling hazardous materials responses, including remediation and waste testing and disposal.

Responses included a mercury spill in a school and several in homes; numerous fuel spills into storm drains and creeks, including 500-, 120-, and 50-gallon diesel fuel spills; dumping of paint into storm drains; chlorine gas release at a pool; and a carbon disulfide spill in a laboratory.

A workshop on Emergency Planning, Right-to-Know and Toxic Release Inventory was hosted by LLCHD, Local Emergency Planning Committee and EPA Region 7 and was attended by 65 businesses.

# animal control



**David Cygan** 

"I have enjoyed my time spent working with Animal Control and the Animal Control Advisory
Committee. I appreciate the opportunity to work with the agency and develop community input into the agency's policy and operation. I believe it has created the possibility to improve the quality of life for both the citizens and animals of Lincoln."

**Animal Control officers** responded to 18,515 service requests, and office staff handled over 44,000 calls from citizens regarding services needed, information on animal behavior, wildlife control, ordinances, and licensing. In addition, 2,867 lost and found calls were taken. There were 882 citations and 3,469 warning/defect tickets issued to pet owners violating local ordinances. **Animal Control Officers responded** to 841 injured animal calls or rescues and investigated 801 complaints of animal neglect.

Three dogs which were about to be declared vicious and destroyed were signed over to

Animal Control. In one case, an Akita had attacked a two-year-old child, waving her body in its mouth as if the child was a doll. A Dalmatian attacked a nine-year-old child who required major plastic surgery. An officer was bitten by an Airedale, who had previously been declared dangerous, when she responded to an attack on the owner's other Airedale by a German Shepherd.



Follow-up work on reported bites and attacks resulted in 12 dogs being declared dangerous and 26 potentially dangerous. In addition, 18 animals were signed over for destruction prior to a declaration.

Animal Control gave 95
presentations emphasizing bite
safety and knowledge of animal
behaviors to 3,297 preschool and
elementary school children, plus
several adult organizations and
local animal clubs. An educational
campaign was continued at the
request of the Board of Health
regarding the importance of
cleaning up after your pet. Animal
Control vehicles were fitted with
signs encouraging citizens to clean

up after their dogs when walking and giving information on barking control, bite prevention, safety around animals and spaying or neutering their pets.

The Animal Control
Program serves to protect
the health and safety of the
citizens of Lincoln. In
addition, the program
serves to protect the
welfare of animals and to
prevent cruelty and neglect.

Citizen donations of nearly \$12,000 financed the purchase of new videos, films and educational materials as well as the employment of a student intern, who develops new pamphlets, posters and display panels for use in schools.

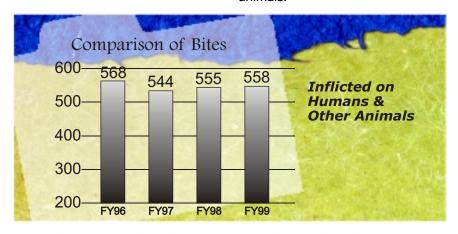


Dylan Heath 1st place winner

The proposed ordinance revisions approved by the Cruelty Task Force and Animal Control Advisory Board were approved by the Board of Health in August 1998. The City Attorney had not completed review by August 1999. However, the license and impound fee increase portion of those ordinances was approved in July 1999.

Total number of all types of animal bites reported to Animal Control increased from 555 to 558. Of the 489 bites inflicted on humans, 41% were inflicted on children younger than age 16.

Regulatory activities include pet shop inspections, livestock permits, dangerous and potentially dangerous dog declarations, wildlife removal, animal licenses, and taking complaints about animals.



The Journal of the American Veterinary Medical Association on May 1, 1998 stated, "Dog bites are the number one health problem of children, outnumbering measles and mumps combined. Medical treatment for dog attacks costs society \$104.4 million annually, and liability claims paid by insurance companies in 1996 totaled a record \$1 billion."

Animal Control had several cruelty cases which resulted in court citations and large court fines. In one case, a male individual was asked to leave the premises by the female owner. The male, who had been consuming alcohol, saw a puppy as he was leaving, picked it up and threw it to the ground, breaking the dog's rear leg. The puppy was taken to a veterinarian for treatment and subsequently signed over to Animal Control. The male individual was fined \$500.

Five adult horses plus a yearling impounded in May of 1997 for cruelty were sold at auction in March of 1999.

Animal Control's
Educational/Government Access
television show, "Our Best Friends,"
is in its eighth year. A talk show
format is used to integrate guests
and video clips. The show
educates the public about
responsible pet ownership, safety
and the role Animal Control plays in
the community. The show, which
airs at least four times per week, is
produced by staff and public
volunteers.



**Gary Foster** 

"The Animal Control
Advisory Committee is
proud that our Animal
Control Department has
received national
recognition for its programs
and their impact on the
quality of life for both pets
and their owners in Lincoln
and Lancaster County. The
Committee is dedicated to
helping Animal Control
continue this leadership
position into the next
millennium."

During the summer months, a booth was set up once a month at the Lincoln Farmer's Market. twice at the Lancaster County Fair (Health Awareness Day and Keeping Families First), at the Nebraska State Fair (Keeping Families First), Bryan Hospital Health and Safety Fair, Haymarket Hey Days, McDonald's Health and Safety Fair and the Animal Fair at East Park Plaza. Displays and/or booths were also set up at several Neighborhood Family Night Out events at neighborhood parks, local church and health fairs, the Cedars Home for Children, the Humane Society Open House, the Cat Show, the Safety and Health Fair at Pershing Auditorium, Kids Day at East Park Plaza, Mickel-Bush Neuter-Spay Day at Petco, the Early Childhood Celebration at State Fair Park, Star City Bud Club Fair at East Park Plaza, the Boy Scout Show at Pershing Auditorium, the Earth Wellness Festival, and several fairs at local schools, vet offices and community centers.

Animal Control aided in three proclamations:

- National Pet Week for the City of Lincoln
- National Pet Week for the State of Nebraska
- National Dog Bite
   Prevention Week for the City of Lincoln.



Animal licenses sold 44,632 Animals impounded 3,817 Dogs and cats claimed 1,638 Dogs and cats unclaimed and transferred to the shelter 2,042 Licensed, stray animals delivered home 267

> Court citations issued 882 Warnings/defect tickets issued 3,469 Bite cases reported 558 Pet shop, large animal, and other permits issued 70 Animal neglect investigations 801

Lost and found queries 2,867 Wildlife removal 477 Dogs declared dangerous 12 Dogs declared potentially dangerous 26

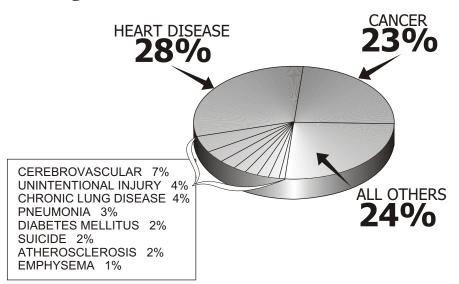
#### 1998 Vital Statistics

Lancaster County (Estimated Population) 235,589

	Number	Birth Rate/Death Rate
Births	3,388	14.4 per 1,000 population
Deaths	1,582	6.7 per 1,000 population

10 Leading Causes of Death		Frequency	% of Deaths
1.	Heart Disease	444	28.1
2.	Cancer	367	23.2
3.	Cerebrovascular Disease	104	6.6
4.	Accidental Deaths	66	4.2
5.	Chronic Lung Disease	61	3.9
6.	Pneumonia	52	3.3
7.	Diabetes Mellitus	36	2.3
8.	Suicide	29	1.8
9.	Atherosclerosis	27	1.7
10.	Emphysema	19	1.2
	All others	377	23.8
	TOTAL	1,582	100.00

## Leading Causes of Death Lancaster County, NE



### Annual Financial Report Fiscal Year 1998-99

#### TOTAL APPROPRIATION

REVENUE BY SOURCE	TOTAL	PERCENT
City	\$3,402,637	47.10%
County	\$1,848,522	25.59%
State/Federal	\$164,934	2.28%
Landfill	\$260,956	3.61%
Risk Management	\$36,013	0.50%
User Fees	\$1,607,642	22.25%
Interest on Idle Funds	\$10,465	0.14%
Miscellaneous	\$20,663	0.29%
Fund Balance: (Health/Animal Control)	(\$80,086)	-1.11%
Fund Balance: (Air Program)	(\$47,764)	-0.66%
TOTAL	\$7,223,982	100.00%

## Revenue By Source

CITY \$3,402,637

COUNTY \$1,848,522

STATE/FEDERAL \$164,934

LANDFILL \$260,956

**RISK MANAGEMENT \$36,013** 

**USER FEES** \$1,607,642

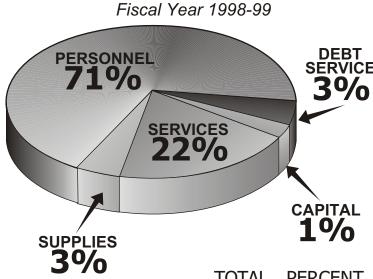
**INTEREST ON IDLE FUNDS \$10,465** 

MISCELLANEOUS \$20,663

FUND BALANCES: (Health/Animal Control) (\$80,086)

FUND BALANCE: (Air Program) (\$47,764)

## Expenditure By Category



	IUIAL	PERCEIVI
Personnel	\$5,132,310	71.05%
Supplies	\$ 266,121	3.68%
Services	\$1,612,415	22.32%
Capital	\$ 16,361	0.23%
Debt Service	\$ 196,775	2.72%

**TOTAL** \$7,223,982 100.00%

#### Miscellaneous Health Grant Funds

Prior Year Balance (8/31/98)	\$ 24,491
Expenditures (9/1/98-8/31/99)	\$3,944,188
Revenue (9/1/98-8/31/99)	
State/Federal	\$1,390,626
Private Sector	\$3,894,180
Donations-Gift	\$ 30,303

1999 Revenue Balance to be expended in 2000 **\$1,346,430** 

# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT Elected Officials & Departmental Staff

#### Fiscal Year, September 1, 1998 to August 31, 1999

#### Lincoln-Lancaster County Board of Health

Mary Helen Elliott, President

Chris Caudill, M.D., Vice President

Rodrigo Cantarero, Ph.D.

James Ganser, D.D.S.

Larry Hudkins, County Commissioner

James Hulse, Ph.D.

Cindy Johnson, City Councilperson

**Betsy Palmer** 

Ann Seacrest

#### Lancaster County Board of Commissioners

Kathy Campbell, Chairperson

Bernie Heier

Larry Hudkins

Linda Steinman

**Bob Workman** 

#### Lincoln City Council

Coleen Seng, Chairperson

Jon Camp

Jonathan Cook

Jeff Fortenberry

Cindy Johnson

Annette McRoy

Jerry Shoecraft

#### Mayor, City of Lincoln

Dale Young, Interim Mayor

Don Wesely, Mayor

#### Health Director

Carole Douglas, Acting Health Director

Leon Vinci, Health Director

## Staff

Bernice Afuh Christy Aggens Rochelle Ashley Angie Avila Megan Armbruster Twyla Bahr Brian Baker Patty Baker Erin Balog James Bare Laurie Barger-Sutter Steven Beal Lynn Beatty Jennifer Beisheim Trudy Bennett Melissa Berge Amber Blake Bridgette Blumenthal Sarah Bohaty Margaret Bonnett Leanne Braden Martha Brown Rebecca Brown Charlotte Burke Angela Byers Sally Cameron Kim-Yen Cao Tamara Cartwright Jan Chau John Chess Carol Christensen Mary Christensen Lisbeth Christiansen Brenda Christie Nancy Clark Kathleen Cook Lori Cook Susan Crane Cathy Crisp Mary Crumb Justin Daniel Sydney Dean Joni DeMott Donna Densberger Marjorie Determan Kurt Dodd Kathleen Doolittle Lori Dorsey Carole Douglas

Janet Douglas

Anita Dover Paul Drotzmann Angela Duncan Annette Durst Jennifer Eich Joyce Endres Janet English Ronald Eriksen Jeannie Ernst Melvin Faas Richard Faubel Ann Fetrick Shannon Fiene-Dennis Cheryl Fischer Janet Fischer Laura Flores James Fobben Jennifer Francke Joleen Geer Pam Gilliam Tina Goodwin Ann Grandgenett Sharla Griess Roxanne Groff Heidi Gubanyi James Hadley Jamie Hahn Carolyn Hall Judith Halstead Leslie Hammerschmidt Dyana Hansen Tawnya Hansen Whitney Haruf Harry Heafer Lisa Henning Gloria Hernandez Jane Hester Alicia Hettenbaugh Lori Heuertz Scott Holmes Michael Holmquist Jerrold Hood Osceola Howard Diane Hoy Marcia Huenink Kathleen Hummel Carol Isaac Marilyn James Ann Jennings Joan Jennings

Joyce Jensen Gail Johnson Kristen Johnson Lanel Johnson Fenster Erika Jones Lynn Jones Margaret Kahler Sharron Kapke Connie Kaplan Sandra Keller Johnna Keim Karen Kerl Anita King Katie Kass Marion Kinkade Lanette Kinne Tammy Kleppe Charline Knake Katherine Kneifl Charlotte Knoflicek Jean Krejci Leslie Krump Magdalena Krynsky Carol Kukuk Diana Lane Steven Lauer Claudia Lawton Harry LeDuc Beth Leipold Tanya Lewis Anita Loos Heidi Loos Patricia Lopez John Lowry Jeffrey Lunn Nancy Malone Beth Mann Leon Marguart Ronald Marquart Katherine Martens **Duane Martin** Barbara Martinez Thomas Marx Andrea Mason Mary McNulty Larissa McPhillips **Gwendy Meginnis** Joan Meyer Deborah Meyerhoff **Donald Miller** 

### Staff

Timothy Miller John Miner Carolyn Mitchell Wayne Mollhoff Brenda Monroe Teresa Mountjoy Lynn Murray Dianne Myers Kimberly Nash Patricia Newman Susan Nuismer Melissa Oerman Roni Olander **Darlene Oltmans** Denise Oxford Claudia Pankoke Constance Patterson Traci Pavne Jean Pearson Ana Pelavo Janelle Perrin Cynthia Peters Donald Piersol Jr. William Pugsley Christy Quinn Kathi Rangel-Wrono Scott Rathbun Lynette Ratzlaff Corliss Redfield Kimberly Rettig Cheryl Reynolds Stephanie Richardson Lisa Richter Linda Riesberg Tracy Rollins Phillip Rooney Dana Root Geralyn Rorabaugh Scott Rosecrans Kim Rossignol Craig Schainost Jessica Schmitz Sharron Scheidt Christopher Schroeder **Donald Schroer** John Schrotberger Elaine Schumaker Lori Seibel Veloris Sellmeyer

Elaine Severe

Jennifer Severe Diane Shuster Ruth Shubert **Donald Siffring** Travis Siffring Randy Sipp Richard Slama **Douglas Smith** Stephanie Smith Trenton Smith Kim Sparks Ruth Spicer Maureen Stahr John Steinauer Catherine Steinweis Jane Storev Annette Sturtz Dianne Sulek Heather Sullivan Sandra Swanson Kendall Swenson Sue Ann Tabatabai Shirley Tachenko-Achord Kari Tarnick **Beverly Teche** Joan Thomas Elizabeth Thorson Richard Thorson Sandi Thurmond Timothy Timmons Julia Tracv Loan Tran MyTrang Tran Tuyet Tran Sandra Tryon Neithola Turner Amy Twitchell Jane Tyrrell Rosemarie Utley Lumir Vajgrt

June Vanlaningham

Leon Vinci

Gary Walsh

Dana Ward

Blake Voorhees

Janice Wagner

Carlene Waldron

Kenneth Watson

James Weverka

Tammy Weihe

Patricia Wewel
Janet Wiedemeyer
David Wilde
Marcia Willhite
DeMon Wimes
Susan Winkler
Brenda Wolfe
Carrie Wolfe
Trudy Woodyard
Judy Wright
Henry Wulf
Tamara Zimola
Teresa Zuerlein